



SHAWNEE LITIGATORS
LEVISAY
AND ASSOCIATES

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CRIMINAL INTAKE

Name: _____ Phone Number: _____

Address: _____

E-mail: _____ DOB: _____

SSN: _____ DL: _____

Tribal Member? _____ What Tribe? _____

Emergency Contact Name and Number?: _____

Crime(s) Charged: _____

New Arrest or Probation Violation: _____

Date Incident Occurred: _____ County: _____

Next Court Date: _____ Bond & Agent: _____

Alcohol or drug use? If so, specify what kind, how long, and how often: _____

Mental Health History? If so, specify diagnosis, treatment provider, and medication?

EVERYTHING YOU TELL ME OR PROVIDE TO ME OR MY OFFICE IN CONNECTION WITH MY REPRESENTATION OR DEFENSE IS PRIVILEGED AND CONFIDENTIAL AND CANNOT BE USED AGAINST YOU OR REVEALED WITHOUT PERMISSION. FAILURE TO TELL ME THE COMPLETE TRUTH MAY HINDER YOUR DEFENSE OR RESULT IN AN UNFAVORABLE OUTCOME

Your Version of Events: _____

Names & numbers of witnesses for you::

Co-Defendants Yes No

Name: _____

Relationship to Client: _____

Address: _____

Name: _____

Relationship to Client: _____

Address: _____

DOB/Approx. Age: _____

Phone: _____

Attorney: _____

DOB/Approx. Age: _____

Phone: _____

Attorney: _____

Do you belong to any social networking sites? No

Yes List: _____

Have you posted anything online about this case? No

Yes List: _____

Are you aware of anyone else (victims, witnesses, co-defendants) having posted information about this case online?

No Yes List: _____

BACKGROUND INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Goes By: _____ Former Name(s): _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: ____ Race: ____

Place of Birth: _____ SSN: _____
(if other than US, complete Immigration intake sheet)

Primary Language: _____ Citizenship: _____

Interpreter needed? Yes No Green Card? Yes No Amnesty? Yes No

Current client address: _____ Apt: _____

Lives with: _____

Current client phone: _____ Alternate phone: _____

Marital Status: Unmarried Married Separated Divorced Widowed

*		Name	Address	Phone	Age	Job
	Partner					
	Mother					
	Father					
	Sibling					
	Sibling					
	Sibling					
	Child					
	Child					
	Child					

* Place check mark in this box if attorney may call this person to locate client if client's contact information is out of date

Education and Employment

Last grade completed: _____ Current student Yes No GED Yes No

High School Name: _____ Last Attended: _____

College Name: _____ Last Attended: _____

Notes: _____

Currently employed: Yes No Name of Employer: _____

Address/Location: _____

Contact: _____ Phone: _____

Type of job: _____ Since: _____

Prior employment: Yes No Name of Employer: _____

Contact: _____ Phone: _____

Type of job: _____ Dates: _____

Reason for leaving: _____

Military Service: Yes No Dates: _____ Branch: _____

Type of Discharge: Honorable General Other Notes: _____

Public Benefits received: _____

Alcohol History: Drinks/week: _____ Prior Treatment? Yes No Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Drug History: Drug of choice: _____ Age at first use: _____ Prior Treatment? Yes No

Current frequency of use: _____ Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Mental Health History: Diagnosis _____ Prior hospitalization/Treatment? Yes No Current

Year	Location	Doctor	Inpt/Outpt	Length

Current medications

Name	Dosage	Frequency	Reason for taking	Started taking

CRIMINAL HISTORY

Is client currently on probation? parole?

Charge: _____ Suspended sentence: _____

Officer: _____ Officer phone: _____

Any prior violations? _____

Has client been on probation before? Yes No

Most recent term of probation: _____ How terminated: _____

Has probation ever been revoked? Yes No

Details: _____

Was client on pre-trial release for another offense at the time of this offense? Yes No

Other Pending Charges

Case Number	Charge	Class	Alleged Victim	Offense Date	Attorney	Next Court Date

Prior Charges

Case Number	Charge	Class	Offense Date	Disposition	Disposition date	Jurisdiction