



Criminal Intake Form

– CONFIDENTIAL –

Full Name _____ Today's date _____

Address _____ City, State _____ Zip _____

Phone _____ Cell _____ Email: _____

Occupation _____ For how long? _____ Nationality _____

Employer name & address: _____

Any limitations on contacting you (Email not secure? Cell phone not secure? Etc.) _____

DOB _____ Driver's State/License# _____ Social Security # _____ - _____ - _____

Educational background: _____ Serve in the Armed Forces: _____

Married? _____ If you have children, how many? _____ Whom do they live with? _____

What, if any, medications do you take? _____

Have you ever received mental health or substance abuse counseling? _____

SIGNIFICANT OTHER INFORMATION

Name _____ Relationship to you _____

Living at same address? _____ How long known _____ Phone _____

ARREST INFORMATION

City and County of Arrest _____ Booking # _____

Date of arrest and charge (include Code section, if known) _____

Date & location of alleged crime _____

Court Name, Court Date, and Time _____

Arresting Officer's Name & badge number (if available) _____

Was anyone else arrested? _____ If so, name(s) of all persons arrested _____

What statements did you make to law enforcement? _____

Have you discussed the crime with anyone else? _____ Describe the order of events leading up to the arrest _____

List any witnesses to the alleged crime if known _____

List any alibi witnesses _____

What is the amount of bond you posted? _____ List any special bond conditions _____
