

Criminal Law Intake Questionnaire

This form is designed to gather critical information about your case. Please answer every question as completely and accurately as possible. The details you provide here are crucial for building your defense.

SECTION 1: Client and Contact Information

Full Legal Name: _____

Date of Birth and Social Security Number:

DOB: _____ SSN: _____

Current Residential Address: _____

City, State, Zip: _____

Primary Phone Number and Secondary Phone Number:

Primary: _____ Secondary: _____

Email Address: _____

Emergency Contact (Name and Phone Number): _____

SECTION 2: Case Details and Charges

1. Case Location and Status

Date of Arrest or Date of Incident (if not yet arrested): _____

Location of Arrest (City, County, State, and Name of Jurisdiction/Court): _____

Name of Arresting Agency/Police Department: _____

Current Status (e.g., In Custody, Out on Bail, Released on Own Recognizance): _____

Bail Amount (if applicable): \$ _____

Next Court Date (Date and Time, if known): _____

2. Specific Charges

List ALL charges against you (e.g., DUI, Assault, Grand Theft, Drug Possession): _____

Are there any victims involved? If yes, list names/descriptions (if known):

SECTION 3: Facts of the Arrest and Incident

Provide a detailed narrative of the events leading up to, during, and immediately after the incident/arrest. Be specific about times, locations, and actions.

Date and Time the Incident Began:

Location where the incident occurred:

Detailed Narrative of the Events:

SECTION 4: Police Interaction and Constitutional Rights

1. Search and Seizure

Did the police search you, your vehicle, or your home? () Yes () No

Did you consent to the search? () Yes () No

Was there a search warrant presented? () Yes () No If Yes, describe it:

2. Questioning and Miranda Rights

Were you questioned by the police? () Yes () No

Were you read your Miranda Rights ("You have the right to remain silent...")? () Yes () No

Did you request an attorney during questioning? () Yes () No

Did you make any statements or confessions to the police? () Yes () No If Yes, what did you say?

SECTION 5: Witnesses and Evidence

1. Witnesses

List the names and contact information for any witnesses (in your favor, against you, or

neutral):

Name	Phone Number / Contact Info	Relationship to You
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____

2. Evidence

Do you know of any video, audio, text messages, photos, or physical evidence related to the case? () Yes () No

If yes, describe the evidence and where it is located:

SECTION 6: Prior History and Supervision

1. Prior Criminal Record

Have you ever been arrested or convicted of a crime? () Yes () No

If Yes, briefly list the offense(s), year(s), and outcome(s):

2. Probation or Parole

Are you currently on Probation or Parole for a previous offense? () Yes () No

If Yes, what is the offense, and who is your Supervising Officer?

SECTION 7: Notes for the Attorney

Use this space to provide any additional background, information about your character, mitigating circumstances, or specific concerns you have that were not covered above. This is your opportunity to give the attorney the "big picture."

Client Signature:

Date: