

Client Intake Form

All information will remain confidential

Client Information	
Name	Email Address
Phone Number	How did you hear about this event?
Please share the reason you are interested in joini	ing us for this event:
If you are attending because you have an arrest y someone else, please answer the questions below: Date of Birth	ou are interested in sealing/expunging for yourself or County of arrest of the charge you would like sealed/expunged
Have you ever been arrested or charged with another crime in Florida or any other state at any time in your life?	If so, list here
Reasons for seeking to expunge/seal	How has this arrest affected you?
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