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CRIMINAL DEFENSE

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date:	Referred by:			
Legal Name:	Maiden Name:			
Last	First	Middle		
Alias		DOB:		M 🗌 F 🗌
Place of birth:				
City		County	State	Country
Social Security #:	Γ)river's Lic. #:		State:
Mailing Address:				
Str.		City	State	Zip Code
Residential Address:				
Str		City	State	Zip Code
County of Residence		_ How long have	you lives at th	is address?
Primary Phone #:	Alt. Phone #:			
Work Phone #:	Email Address:			
I authorize text message *Message and data rates m		case to the following	number:	
☐ I authorize emails conce	rning my case to	the above email addre	ess.	
☐ I authorize calls regardi	ng my case to th	e following number: _		
Place of Employment: _				
Job title:	Annual Salary:			
Address of Employmen	t:			
• •	Street	City	State	Zip Code
Spouse's Name:			Maiden:	DOB:
Last	First	Middle		
Address (if different the	an yours):			
•	Str		State	Zip Code

PERSON FINANCIALLY RESPONSIBLE: Name: _____ DOB: ____ Phone Number: ____ Mailing Address: Social Security #: ______ Driver's Lic. #: ______ State: _____ Court Appointed YES NO County____ **EMERGENCY CONTACT INFORMATION (other than self):** Name: ______ Relationship to you: _____ Address: Primary Phone #: _____ Alt. Phone #: ____ Work Phone #: ____ Current Offense: Date of Arrest: _____ Location____ County ____ _ Was anyone with you at the time? YES NO If so, who?_____ Give a brief explanation Are you currently on probation? YES NO If so, please explain for what and terms Have you been on probation before? If so, please explain why, how long and when completed _____ List any prior arrests______