



### CRIMINAL INTAKE SHEET

Date: \_\_\_\_\_

**About You**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name of Spouse and Children (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Employment**

Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

How long with current employer? \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Salary: \_\_\_\_\_

**Education**

Please list complete history of your education or any other vocational training you have received:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade School: \_\_\_\_\_

Other: \_\_\_\_\_

Degrees: \_\_\_\_\_

**Your History**

Criminal History:

Have you ever been convicted of a felony or misdemeanor:      Y      N

If so, please complete the grid below:

Case Number	Charge	Class	Offense Date	Disposition	Disposition Date	Jurisdiction

Have you ever had records sealed or expunged?    Y        N

If yes, please provide information on the underlying offense, the name and location of the court, and the nature of the incident: \_\_\_\_\_  
 \_\_\_\_\_

Are you now or have you ever been on probation or parole?        Y        N

If yes, please provide additional detail: \_\_\_\_\_  
 \_\_\_\_\_

Alcohol History:

How many drinks do you have per week? \_\_\_\_\_

Have you had any prior treatment related to alcohol? \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Drug History:

How often do you use drugs? \_\_\_\_\_

What drug do you use? \_\_\_\_\_                      Age of first use: \_\_\_\_\_

Have you had any prior treatment related to drugs? \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Current medications:

Please list any medications you currently take:

Name	Dosage	Frequency	Reason for taking	Started taking

Mental Health History:

Have you been hospitalized in the past?    Y        N

Have you received prior mental health treatment?    Y        N

Diagnosis: \_\_\_\_\_

Year	Location of treatment	Length of treatment	Reason

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pending Charges:

Do you have any pending charges other than the offense for which you are seeing us? Y N

If yes, please complete the grid below:

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

**About The Current Charges**

Current Charges

Case Number	Charge	Class	Alleged Victim	Offense Date

Do you have an upcoming court date? \_\_\_\_\_

Did you post a bond? Y N

If yes, please provide the amount posted and any special conditions of bond: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facts

Incident date: \_\_\_\_\_

Arresting officer(s): \_\_\_\_\_

Arrest date: \_\_\_\_\_

\_\_\_\_\_

Alleged victim(s): \_\_\_\_\_

Department: \_\_\_\_\_

Do you have a police report number? \_\_\_\_\_

Was there a ticket issued? Y N

Do you have a ticket number? \_\_\_\_\_

Do you have any Co-defendant(s)? Y N

If yes, please provide the following:

Co-defendant name	Relationship to you	Address & phone number	DOB or approx. age

