

CLIENT INTAKE FORM

Name as Charged (Last/First/Mid	ddle)		
Aliases or Nicknames			
Date and Place of Birth			
Race Gender Age			
Client's Complexion: [] Fair [] Medium [] Dari	k []Olive	
Height Weight	Hair	Eyes	
Home Address			
Home Phone			
Employer			
Address			
How long employed there?		Wages/Salary	
Other Financial Resources			
Spouse's Name			
Spouse's Address (If different)			
Home Phone	Work Phone		
Children's names, ages, and who	m they reside with:		
Must Complete for Juvenile Offer	nders (Guardian Info	ormation)	
Father's Name			
Father's Address (Street, City, Sta	ate & Zip)		
Father's Home &/or Work Phone			
Made als Nava			
Mother's Name			
Mother's Address: (Street, City, S	tate & ZIP)		



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Mother's Home &/or Work Phone	
Client resides with	
Education	
Medical Problems	
Mental Disorders	
Military Service	
Arresting Officers (Name of Officer(s) and Law Enforcement Agency)	
Time Booked In (Time/Date)	
Tentative Charges	
Bail (Amount, Kind, Name of Person Setting Bond)	
Date of Court Appointment (if applicable)	
Date, Time, and Place of Interview	
Adult Criminal Record (Date, Crime, Disposition, Attorney)	
Juvenile Criminal Record	
Other Criminal Charges Pending [] Yes [] No	
Advise Client to Say Nothing? [] Yes [] No	
Probation Officer (if applicable)	
Date, Time, Place of Offense	
Date Time Place of Arrest	



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Statements made to the Officers.
Details of the Offense (Other Facts and Witnesses Names, Addresses & Phone Numbers)