



AZ LAW FIRM

DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE

TELEPHONE: (512) 400-7070

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Criminal Defense Intake Form

Personal Information

Today's Date: _____

Full Name: _____

Aliases/Nicknames: _____

Social Security Number: _____ Date of Birth: _____

Driver License Number: _____ Issuing State: _____

Marital Status: _____ Household Size: # of Adults: _____ # of Minor Children: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Employer: _____ Job Title: _____

Work Street Address: _____

City: _____ State: _____ Zip: _____

Incident Information

Arrest Date: _____ Arresting Agency: _____

List the offense(s) for which you were **arrested**: _____

Is the prospective client currently in jail or custody? Yes _____ No _____

If yes, please provide the name and address of the facility: _____

Is there an indicated bail or has bail been set? (Please select one):

Held w/o Bail: _____ Secured Bond: \$ _____ Personal Bond: \$ _____

Bail Posted: _____ Bail Not Posted (Currently being held): _____ Bail Not Set _____

Bondsman: _____ Phone: _____

Do you have any prior criminal charges that resulted in a conviction?

Have you given any relevant written or oral statement to police or to any other individual regarding this matter? Yes _____ No _____

If so, please indicate to whom the statement was given and under what circumstances: _____

Please list the names and phone numbers of any relevant witnesses, if known: _____

Prospective Client's Version of the Facts: