

**CRIMINAL LAW CLIENT QUESTIONNAIRE FORM**

**Referred by:** \_\_\_\_\_

**New Client** **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prior Client**

**Misdemeanor**     **Felony**     **Criminal Traffic**     **Other:** \_\_\_\_\_

**Date of Arrest:** \_\_\_\_\_

**County of Arrest:** \_\_\_\_\_

**Charges:** \_\_\_\_\_

**Prior Arrest/ Convictions: YES/ NO ( circle one)**

**Contact Information**

**Phone Numbers**

Name: \_\_\_\_\_ Home: \_\_\_\_\_

Company: \_\_\_\_\_ Work: \_\_\_\_\_

Title: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Preferred Method of Contact:**     **Phone**     **Email**     **Both**

**When is the best time to contact you:**     **Morning**     **Afternoon**     **Evening**

**Safe Mailing Address:**

**Other Information:**

Street: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ License: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Alternate/Emergency Contact:**

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

**BILLING:**

**Preferred Method to Receive Billing Statement:**  Mail  Email  Both

*I certify that the information provided is true and correct to the best of my knowledge.*

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Brief Description of Incident(s) Leading to Arrest/Charges:

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

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Retainer fee quoted: \_\_\_\_\_ Costs: \_\_\_\_\_