AGR LAW

Referred By: _____

CONTACT INFORMATION

Client Name: _____ DOC# _____
First Middle Last (Department of Corrections No.)

Current Address: _____
Street City State Zip

Clients Phone No._____Email_____

DOB: _____ Last Four SS No. _____ Driver's License or ID#: _____

Marital Status: ◯ Single ◯ Married ◯ Separated ◯ Divorced ◯ Widowed

Do you have any children? ☐ Yes: How many: _____ ☐ No

Do you pay child support? ☐ Yes: Amount per month: _____ ☐ No

Emergency Contact: _____
Name, Relation & Phone No.

Do you allow our office to contact this person if we cannot get ahold of you? ☐ Yes ☐ No

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EDUCATION & EMPLOYMENT

Last grade completed: _____ Current Student: ☐ Yes ☐ No

GED: ☐ Yes ☐ No High School: _____

College: _____

Currently Employed? ☐ Yes ☐ N☐

Employer: _____ Position: _____

Salary: _____ Gross: _____ Net: _____ Weekly

Military Service: ☐ No ☐ Yes: Dates: _____ Branch: _____

Type of Discharge: ☐ Honorable ☐ General ☐ Other:_____

Are you currently on: ☐ Probation? ☐ Parole?

Charge: _____ Suspended Sentence: _____

Officer: _____ Officer Phone No.: _____

Most Recent Term of Probation: _____ How was this terminated? _____

Has your previous probation ever been revoked? ☐ Yes ☐ No

Were you on pre-trial release for another offense at the time of this offense? ☐ Yes ☐ No

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OPEN MATTERS (INCLUDE PROBATION & PAROLE)

CASES/CHARGES	BAIL/DETAINER/SENTENCE	COURT DATE

PAROLE OFFICER (*SPECIFY COUNTY OR STATE*)	TELEPHONE NUMBER

CRIMINAL HISTORY – OUT OF COUNTY / OUT OF STATE

(Please State Factual Basis for all First-Degree Felony Convictions)

YEAR	CHARGES	DISPOSITION

JUVENILE RECORD

(Please State Factual Basis for all First-Degree Felony Adjudications)

YEAR	CHARGES	DISPOSITION

STATEMENTS: *Did the client make any statements? When? Where? Was the client in custody? (Describe in detail what the client said and under what circumstances his/her statement was made) Miranda?*

CHEMICAL TESTS: *BAC or Test Results? Any problems with the testing? Did the client refuse testing? Why? Field test?*

POST INCIDENT CONFRONTATION AND CLOTHING DESCRIPTION:

WITNESS INFORMATION:

WITNESS NAME	ADDRESS	PHONE NUMBER

SENTENCING RANGES INCLUDING MANDATORIES:

SENTENCING ALTERNATIVES: ***DRUG/ALCOHOL TREATMENT*** *(refer to social services, if already in program obtain verification),* ***WORK RELEASE*** *(obtain employer information),* ***TIME CREDIT*** *(pre-arraignment, bench warrant) POSSIBLE* ***701 CONSOLIDATION.***

COLLATERAL SENTENCING ISSUES (Megan's Law, Drivers License, etc.):

INCIDENT AND DEFENSE: *In narrative form describe in detail what happened shortly before, during and after traffic stop or incident.*

Retainer: $_____

Hourly: $_____

OFFICE USE ONLY

ATTORNEY ANALYSIS:

_____

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