

MARK B.
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— ATTORNEY AT LAW —

CLIENT INTAKE FORM

Print this form and fill it out as completely as possible. **Please print clearly.** Bring the completed form with you to your scheduled appointment with Mr. Arthur. If you do not understand a section, skip over that section and review it with the attorney or the legal assistant when you come in the office for your appointment. Some sections may not apply in your situation or you may not feel comfortable filling out other sections. Simply leave those sections blank. The attorney and/or legal assistant will review this information with you when you come in the office. The information on this form is necessary in reviewing and assessing your case by our firm and may be necessary and/or helpful in any subsequent court hearing.

The information contained in this form and what you discuss with the attorney and/or his staff is held in the strictest confidence. This is an important aspect of an attorney-client relationship and this confidential relationship exists indefinitely and continues regardless of your decision to hire an attorney from this firm to handle your case.

Referred by: yellow pages internet advertisement other _____

Interview date: ____/____/____ Matter type: criminal traffic civil

Charge/Statute Date of Arrest Location of Court

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Charge/Statute Date of Arrest Location of Court

Bond amount: \$ _____ Bond company: _____

Court: _____ Hearing date: ____/____/____ Time: _____

A. PERSONAL INFORMATION

Client's full name _____

Age _____ DOB ____/____/____ SS# ____-____-____
Street address _____
City _____ State _____ Zip _____
Home# _____ Work# _____ Cell# _____

B. EDUCATION

Highest level achieved: _____ High School Name: _____
HS graduation date: ____/____/____ College: _____
Degrees held: _____ Dates: _____
Specialized training/ certifications: _____

C. MILITARY

active retired resigned
Branch: _____ Dates of service: ____/____ to ____/____
Discharge status: honorable dishonorable n/a
Current assignment: _____ Rank: _____

D. EMPLOYMENT

Current employer: _____ Address: _____
Position/duties: _____ Length of employment: _____
Salary: _____ Driving required: yes no
Prior employer: _____ Address: _____
Position/duties: _____ Length of employment: _____

E. FAMILY INFORMATION

Marital status: married single widowed divorced separated
Spouse's name: _____ Employer: _____
Children: yes no Ages: ____/____/____/____
Relative or other contact: _____
Address: _____ Phone: _____

F. DRIVER'S LICENSE INFORMATION

Driver's license#: _____ State: _____
Date of issue ____/____/____ Date of expiration ____/____/____
Class(es): _____ Restrictions: _____

G. TRAFFIC RECORD

Charge/Statute	Date of Arrest	Location of Court
_____	_____	_____

Charge/Statute	Date of Arrest	Location of Court
_____	_____	_____
Charge/Statute	Date of Arrest	Location of Court
_____	_____	_____

H. CRIMINAL RECORD

Charge/Statute	Date of Arrest	Location of Court	Disposition
_____	_____	_____	_____
Charge/Statute	Date of Arrest	Location of Court	Disposition
_____	_____	_____	_____
Charge/Statute	Date of Arrest	Location of Court	Disposition
_____	_____	_____	_____

I. SPECIFICS OF THIS INCIDENT

Summary: _____

i. Number of officers on the scene: _____ Number of police vehicles: _____

Officer name	Badge #	Agency	Activity
_____	_____	_____	_____

- ii. Were you read your Miranda rights? yes no
- iii. Did you make any statements? written recorded video
- oral
- iv. Did the officers do any type of search? yes no
- If yes, what type? ('frisked', vehicle, person, dwelling, etc.) _____
- v. If 'frisked', was it incident to arrest? yes no
- vi. Did you give consent to search? yes no
- vii. Did you sign a consent form? yes no
- viii. Did the officer have a search warrant? yes no
- ix. Do you have a copy of the search warrant? yes no
- x. Was any evidence or property found? yes no
- If yes, please list what was found: _____

- xi. Where was the evidence or property found? _____
- xii. Has the property been recovered? yes no
- xiii. Was a narcotics field test performed? yes no
 If yes, by whom? _____
 Results of field test? _____
- xiv. Advised of implied consent act §18.2-268.2.? yes no
 If yes, by whom? _____
- xv. Refusal to Officer or Magistrate? yes no
- xvi. Was a Declaration Certificate issued? yes no
 If yes, signed by whom? _____ Result: _____
- xvii. Was blood drawn? yes no By whom? _____
 Date blood drawn: ____/____/____ Time: _____ Result: _____
- xviii. Were you advised of your right to an independent blood analysis? yes no
 If yes, was form issued? yes no
 Which approved laboratory: _____ Date requested: _____
 Result: _____