

Client Intake

Date: _____

Criminal

Last name: _____ First name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____ | Own: _____ Rent: _____

Number of years at location: _____ Where originally from: _____

Number of Years Lived in This Area (Regardless of Citizenship): _____

Phone: (____) _____ Textable: ? _____ Email: _____

Age: _____ D.O.B.: _____ Marital Status: _____

Children: _____

Current medications: _____

Any psychotropic meds? _____ Any issues related to PTSD? _____

Any issues related to drug or alcohol? _____

EMPLOYMENT:

Employment: _____ How long employed: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

EDUCATION:

Highest grade completed: _____ Would you be willing to go back to school: _____

MILITARY SERVICE:

Branch: _____

From: _____

Type of Discharge: _____

To: _____

Citizenship Status: _____

CURRENT CHARGE:

Case No: _____

Indictment No: _____

Bail Amount: _____

Bail No: _____

Court: _____

Next Court Date: _____, 20__

Co-Defendant(s): _____

PRIOR ARRESTS AND CONVICTIONS:

Year	Court	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Defendant made any admissions?

NOTES/REMARKS

Confidential