

[Criminal Information and Intake Form]

Name as Charged (Last/First/Middle)_____

Time Booked In (Time/Date)_____

Race_____ Sex_____ Age, Place and Date of Birth_____

Arresting Officers: (Name of Officer(s) and Law Enforcement Agency)_____

Tentative Charges:_____

Bail (Amount, Kind, Name of Person Setting Bond):_____

Date of Court Appointment (if applicable):_____

Time, Place, and Date of Interview:_____

Aliases or Nicknames:_____

Client's Home and/or Work Phone:_____

Social Security Number:_____

Father's Name:_____

Father's Address: (Street/City/State & Zip)_____

Father's Home and/or Work Phone:_____

Mother's Name:_____

Mother's Address: (Street/City/State & Zip)_____

Mother's Home and/or Work Phone:_____

Spouse's Name:_____

Spouse's Address: (Street/City/State & Zip)_____

Spouse's Home and/or Work Phone:_____

Financial Resources:_____

Client's Complexion: fair medium dark olive

Client's Height:_____ Weight:_____

Client's Hair:_____ Eyes:_____

Employer's Name, Address and Phone Number:_____

How Long Employed There?_____

Client Resides With:_____

Children's Names, Ages, and Residences:_____

