

GENERAL CRIMINAL INFORMATION SHEET

Client Name: _____

Client Address: _____

Phone #: **Work** _____ **Home** _____ **Other** _____

Client SSN: _____

Birth Date: _____

Address _____

Charges: _____

County: _____

Court File No.: _____

Summary of Events: _____

Family Members: _____

Community _____

Connections: _____

Please bring to your initial consultation your (1) citation, warrant, or indictment (charging documents), (2) bond documents, (3) search warrants, (4) any other helpful documents