

CLIENT INTAKE FORM - CRIMINAL

Name: _____ E-Mail Address: _____

Mailing Address: _____ Residence Address: _____
(include zip) (if different)

Home Phone: ____-____-____ Work Phone: ____-____-____ Cell: ____-____-____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Name and _____ Marital Status: _____
Address of _____
Employer: _____ Number of Dependents: ____
Position: _____

Have you ever been convicted of **any** other criminal offense, either in NYS or out of state? Y__ N__
If so, list conviction(s) and date(s) (even if charge was reduced; list all arrests, including ACDS): _____

Have you ever received an **ACD** (Adjournment in Contemplation of Dismissal)? Y__ N__

Have you ever been on probation for any criminal offense? Y__ N__

Are you currently on probation? Y__ N__

Have you ever been on parole? Y__ N__

Are you currently on parole? Y__ N__

Are you a U.S. citizen? Y__ N__

If not, what is your immigration status? _____

(If you are not a citizen, ask for an Immigration Worksheet.)

What are you charged with? _____ What Court is it in? _____

When is your next court date? _____ Have you been released on bail? Y__ N__

Give a brief description of what happened, and why you were arrested: _____

How did you find Mr. Corletta? (check one):

___ Previous Client ___ Referral-Name of person referring: _____

___ Telephone Directory Ad ___ Internet Ad ___ Television Ad

How do you intend to pay? (check all applicable)

___ Cash ___ Check ___ Money Order ___ Credit Card (MC, Visa, Disc., AMEX)

Circle all that apply

This information will be used to establish your file and to handle your case. Please make sure it is accurate. We rely on this information. Cancellation of any appointments are to be made at least 24 hours in advance, otherwise they are subject to a cancellation fee.

Signature _____

Date _____/_____/_____