

21815 Oak Park Trails Drive Katy TX 77450 Tel: 281-646-0644 Fax: 281-676-3758

-		
Date:		
Date.		

Client Information Form (Criminal and Juvenile)

First Name:	Middle Name:		_ Family Name:		
Date of Birth	Current Age	SSN#	DL#		
Current Address:					
City:	State	Zip	County		
Telephone: Home	Cell		e-mail		
Place of Employment:		Work Tel	ephone:		
Place of Birth:	Are you	ı a US Citizen?			
Educational Background (G	ED, High School, College, Tr	rade School):			
Served in the Armed Forces	s?				
Married? Whom do they live with?					
Are you currently on any m	edications? Please explain:				
Have you ever received me	ntal health or substance abu	use counseling?			
			LAINT INFORMATION:		
Name of Agency:		Booking #	:		
Jurisdiction (Municipal, Cou	unty Court, District Court): _				
Were you arrested?	_Date of your arrest:	Time	e of your arrest:		
Location of your arrest:					
City:	State	Zip	County		
Individuals present at the t	ime of your arrest:				

Do you have a court date? When?
Have you already seen a Judge? When?
Did you post bond? How much?
List any special conditions on bond:
Have you signed any papers or taken any steps through the court procedure yet? Please explain:
Briefly list the facts of your case:
Please list ANY RELEVANT INFORMATION TO YOUR CASE – Such as, but not limited to, important witnesses, alibi information, significant documents, and other parties involved:
Do you have any other criminal matters pending? If so, please list the name of the court, jurisdiction, case numbers and charges:
PRIOR CONVICTIONS / PRIOR ARRESTS
List all any/all prior arrests & convictions, if any:

Are you currently on probation or parole? If so, please explain:
HOW DID YOU HEAR ABOUT OUR PRACTICE?
Internet search/magazine/yellow pages/local directory/referred (if you were referred please indicate by whom)