

Date: \_\_\_\_\_

## **CRIMINAL MATTER INTAKE**

PRINCIPAL PURPOSE: The information on this form is protected by the attorney-client privilege. ROUTINE USES: Information on this form will be used to provide legal advice, to prepare legal correspondence and documents for the client. Disclosure is Voluntary. Nondisclosure, however, may preclude the desired legal assistance.

How did you he	AR ABOUT US?					
	Friend					
	E-MAIL:					
Home Address_	(Street)		, <u> </u>	(STATE)	(ZIP)	
		Номе Рноле:				
Spouse:		PHONE:				
Employer:	Phone:					
Address	(Street)		(Сіту)	(State)	(ZIP)	
Bondsman:		Office Ph:				
Do You Have:	Facebook:	Instagram:	SN	NAPCHAT:		
BRIE	EFLY DESCRIBE THE LEGA	AL MATTER WHICH Y	OU WISH TO DISC	CUSS WITH US:		
	OFFICI	USE ONLY BELOW	THIS LINE			
CONFLI	CT CHECKINITIA	L CONFLICTED: Y	ES N	IO		
ACCEPTED BY:						
HOURLY:	retainer:	AMOUNT TO KEEP I	n trust:			
□ FLAT RATE:	TOTAL: DOWN	PAYMENT: A	ONTHLY:	Trial Fee:		