

Client Data

Name: _____ Date: _____
DOB: _____
SSN: _____
Driver's License # _____

Address (Where you can receive mail):

Address (Where you can be served a subpoena):

Phone Numbers: _____ - Home
_____ - Cell
_____ - Work
_____ - Other

Email Address if applicable _____

School: _____ Grade: _____
Passing all classes? _____
IEP? _____ What for? _____
Special programs as school: _____
Plans for after graduation: _____

Name of Work: _____
Name of Position/Job: _____
How long have you worked there? _____
Supervisor's name? _____ Phone: _____

Important Family members:

Name: _____ Phone No.: _____
Relationship: _____

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Relationship: _____

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Relationship: _____

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Relationship: _____

Current Issue:

Charged with:

Co-defendants (People arrested at the same time as you for the same crime):

Potential Witnesses (People who can testify for you):

Past offenses you have been found delinquent for or are under advisement and approximately when that happened:

Do you have any cases that are currently diverted through Court Services? _____

Have you had a case diverted by Court Services in the past? _____

Do you have any special medical or mental health issues? (We can discuss details later): _____

Do you receive any special services? (Counseling, Mentoring, Substance Abuse treatment, etc. We can discuss in more detail later): _____

Do you receive SSI? _____

How did you learn about our firm? _____

Plans for the future (beyond high school) ? _____

What have you done to pursue those?
