

NEW CLIENT INFORMATION, CRIMINAL

Date File Opened _____

Client Name _____

D.O.B. _____ D.L. No. _____ Birthplace _____

Citizenship - Legal or Illegal Race _____ Communication Preference: Mail—Email—Both

Mailing Address _____
Street/City/State/Zip

Telephone (cell) _____ (other) _____ Text _____
E-mail _____

Contact Person _____ Telephone _____

Client's Employer _____ Telephone _____

Referred By _____ // SBOT-LRIS? _____ Client's Education Level _____

Offense F - M _____ County of Offense _____

If DWI - - Breath Test - Refused / Failed Arresting Agency _____ Request ALR Hrg _____

Date of Offense _____ Next Setting Date _____

Bondsman _____ Telephone _____

**CRIMINAL HISTORY - Please list ALL prior convictions for any
Felony and Class A or Class B Misdemeanors**

<u>Approximate Date</u>	<u>Type of Offense</u>	<u>Sentence/Disposition</u>	<u>County</u>

FOR OFFICE USE ONLY

State - Federal / Hired - Court Appointed / Offense: _____

ATTORNEY FEE:

\$ _____ Plea or Dismissal
\$ _____ Up-Front Payment
\$ _____ Trial Fee if Necessary

PAYOUT ARRANGEMENT:

Installment Amount \$ _____ per month-week
Beginning date _____

Copy of Contract to _____