

LAW OFFICE OF JEFFREY FLETCHER

CLIENT INFORMATION

Full Legal Name:			
Date of birth:	SSN:	Phone:	
Current address:		City:	
State:	ZIP Code:	Marital Status: Married Single (Circle one)	
Driver's License Number:		Issued in What State:	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

PERSON FINANCIALLY RESPONSIBLE

Name:		
Address:		Phone:
City:	State:	ZIP Code:
SSN:	Drivers License Number:	

UPCOMING COURT DATES

Do You Have an Upcoming Court Date: Yes No (Please circle one)		
Date :	Department:	Room:

EMERGENCY CONTACT

Name:		
Address:		Work Phone:
Phone:	E-mail:	
City:	State:	ZIP Code:

ARREST INFORMATION

Date of Arrest:	Time of Arrest:	Location of Arrest:
Date of Alleged Crime:		Location of Alleged Crime:
Reason or explanation given for your arrest:		
What were you charged with?		
Were you or your property searched at the time of arrest? Yes No (please circle one)		
If yes, explain:		
Did the police find anything they kept? Yes No (please circle one)		
If yes, explain:		
Were you read your Miranda Rights (informing you that you have the right to remain silent, you have the right to an attorney, etc) at the time of your arrest? Yes No		

ARREST INFORMATION (CONT.)

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Did you give or sign any statements? If yes, what did you say:

Were you asked to participate in a line-up at anytime? Yes No

Were fingerprints or photographs collected or taken by the police? Yes No

Did you ask to speak to an attorney? Yes No If yes, explain:

At any time were you physically threatened or mentally harassed by the police? Yes No If yes, explain

WITNESSES

Name:

Address:

Phone:

What did they see:

Name:

Address:

Phone:

What did they see?

CRIMINAL HISTORY

Do you Have a criminal record? Yes No (please circle one)

CHARGE	DATE	COUNTY/STATE