CLIENT INFORMATION SHEET FOR CRIMINAL CASES

Welcome to the Law Offices of Jacobson, McClean, Chmelir & Ferwerda

Please complete this form and provide the following information as part of our permanent record of consultations. PLEASE PRINT CLEARLY and provide all of the information required. The following information is confidential and protected by the attorney-client privilege. The information requested is not intended to invade your privacy, but enables us to evaluate your family law case.

PLEASE UNDERSTAND WE ARE NOT YOUR ATTORNEYS AND DO NOT REPRESENT YOU UNTIL A CONTRACT IS SIGNED.

loday's gate:		
_Name:	Email Address:	
Address:	Who lives at your address?	
Home phone:	Cell phone:	
Work phone:	Fax number:	
Driver's License Number:	Social Security Number:	
DOB: Age:_	Education:	
Occupation:	Employer:	
Employer's address:		
CONTAC	T PERSON	
Name and phone number of person to leave a contact you:	message with in the event that we are unable to	
	FORMATION .	
Date of incident:		
In which county: Arresting		
Briefly describe the nature of your case:		

	d if you have seen a		lease indicate if you have seen a loctors name, address and phone
		nd phone number of any	person who has any knowledge
What is yo	ır martial status:		
Please list t	ne name and date o	f birth of your spouse:	· · · · · · · · · · · · · · · · · · ·
Please list t	he name and ages o	f your children:	
Please list <u>DATE</u>	any criminal histo <u>CHARGE</u>	ry you may have: <u>COUNTY</u>	SENTENCE RECEIVED
How were y	ou referred to us?:_		
ΓΗΑΝΚ ΥΟ SHEET IN YOUR CAS	DU FOR TAKING	THE TIME TO COMP	PLETE THIS INFORMATION MATION TO HELP EVALUATE

Jacobson, McClean, Chmelir & Ferwerda Attorneys at Law