

About Your Case

Date of Arrest: _____ Arresting Agency: _____

Place of Arrest: _____

Charge(s): _____

Court: _____ Next Court Date: _____

Complaining Witness or Victim (if known): _____

Your relationship to Complaining Witness: _____

C/W's Phone number: _____ Address: _____

List Co-Defendants (charged and uncharged): _____

List Any Witnesses to Offense (not character witnesses) along with their telephone numbers: _____

Have you consulted or retained another attorney on this matter prior to coming to this office? _____

If so, please state who and when: _____

Bonding Company: _____

Amount of Bond: _____

Guarantor of Payment (Person Responsible for Payment)

Full Legal Name: _____
First Middle Last Maiden

Birth Date: _____ Relationship to Defendant: _____

Social Security #: _____ Driver's License #: _____

Address: _____
Street City County State Zip

Home phone: _____ Work phone: _____

Employer: _____

Work address: _____