

THE POLIQUIN FIRM LLC

Ronald G. Poliquin, Esq.

Attorney at Law

155 South Bradford St., Suite 203

Dover, Delaware 19904

Phone 302-702-5500

Fax 302-213-0042

ronpoliquin@gmail.com

Criminal Intake Form

CONFIDENTIAL

Full Name _____ Today's date _____

Address _____ City, State _____ Zip _____

Phone _____ Cell _____ Email: _____

Occupation _____ For how long? _____ Nationality _____

Employer name & address: _____

Any limitations on contacting you (Email not secure? Cell phone not secure? Etc.) _____

DOB _____ Driver's State/License# _____ Social Security # _____

Educational background: _____ Serve in the Armed Forces: _____

Married? _____ If you have children, how many? _____ Whom do they live with? _____

What, if any, medications do you take? _____

Have you ever received mental health or substance abuse counseling? _____

SIGNIFICANT OTHER INFORMATION

Name_____ Relationship to you_____

Living at same address?_____ How long known_____ Phone_____

ARREST INFORMATION

City and County of Arrest_ Booking #

Date of arrest and charge (include Code section, if known)

Date location of alleged crime

Court Name, Court Date, and Time

Arresting Officer's Name badge number (if available)

Was anyone else arrested?_____If so, name(s) of all persons arrested

What statements did you make to law enforcement?

Have you discussed the crime with anyone else?_____

Describe the order of events leading up to the arrest

List any witnesses to the alleged crime if known

List any alibi witnesses

What is the amount of bond you posted?_____ List any special bond conditions_____

List prior arrests/charges, date, and what the final outcome was:

1.

2.

3.

Are you currently on probation or parole?_____If so, for which offense?

Name of parole or probation officer_____ Office location

COMMENTS THAT MAY BE OF VALUE TO YOUR CASE

