



THE POLIQUIN FIRM, LLC.

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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?): _____

D.O.B: _____ Driver's State/License#: _____ Social Security # ----- _____
Educational Background: _____ Serve in the Armed Forces: _____
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 and location of alleged crime: _____

Court Name, Court Date, and Time:

Arresting Officer's Name and badge number (if available) _____

Was anyone else arrested?: _____ If so, name(s) of all persons arrested:

Which 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: _____

