

# ALEXANDER & ASSOCIATES

ATTORNEYS AND COUNSELORS

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## CLIENT INFORMATION FORM – Criminal Matter

**INSTRUCTIONS:** Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: \_\_\_\_\_

### CLIENT INFORMATION

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ You have lived at current address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Pager/Beeper No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Other names you have been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Nature of case / reason for seeking consultation with our office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer the following questions regarding your current criminal contact/arrest/charge:

Type of Offense: \_\_\_\_\_

Desired Outcome for Offense: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ County of offense: \_\_\_\_\_

Date of offense: \_\_\_\_\_ Arresting Ofc: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Criminal History**

Type of Offense: \_\_\_\_\_  
Outcome of Prior Offense: \_\_\_\_\_

City of Prior: \_\_\_\_\_ State of Prior: \_\_\_\_\_  
Date of Prior: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

Type of Offense: \_\_\_\_\_  
Outcome of Prior Offense: \_\_\_\_\_

City of Prior: \_\_\_\_\_ State of Prior: \_\_\_\_\_  
Date of Prior: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

Type of Offense: \_\_\_\_\_  
Outcome of Prior Offense: \_\_\_\_\_

City of Prior: \_\_\_\_\_ State of Prior: \_\_\_\_\_  
Date of Prior: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

Type of Offense: \_\_\_\_\_  
Outcome of Prior Offense: \_\_\_\_\_

City of Prior: \_\_\_\_\_ State of Prior: \_\_\_\_\_  
Date of Prior: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

Type of Offense: \_\_\_\_\_  
Outcome of Prior Offense: \_\_\_\_\_

City of Prior: \_\_\_\_\_ State of Prior: \_\_\_\_\_  
Date of Prior: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

Indicate if this or any other attorney has:

*Represented other party in other matters (besides this case)?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Provided advice or other services to you regarding this case?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Provided advice or other services to you regarding other matters?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Talked with you in person or by telephone regarding this case?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Sent a letter or other written communications to you related to this case?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Served papers (by a sheriff or process server) upon you in this case?* \_\_\_\_\_ Yes \_\_\_\_\_ No