

ROY H. LASRIS & ASSOCIATES, P.C.
Attorneys and Counselors at Law
Confidential Background Information

CRIMINAL or TRAFFIC INTAKE FORM

Date: _____, 20____

Please Answer all Questions Completely

It is helpful to have the information below for your initial visit. Completing this form obligates you in no way to retain an attorney and you have our assurance that information you provide will be confidential and given to no one without your permission. If you feel uncomfortable about answering any question, please feel free to omit the answer.

If you feel you have been provided an incorrect form, please let the receptionist know.

Your Full Legal Name: _____ (Jr. / Sr. / _____)

Marital Status (*circle one*): Single/ Married/ Separated/ Divorced/ Widowed

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Cell phone: (_____) _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Your Birth Date: ___/___/___ Place of Birth: _____ SS# ___/___/___

Employer's Name/Address: _____

Job Title/Description: _____

If Military, Branch: _____ Rank/Rate: _____ Home of Record: _____

If Applicable:

Spouse's Full Legal Name: _____ (Jr./Sr./ _____)

Spouse's Birth Date: ___/___/___ Place of Birth: _____ SS# ___/___/___

In your own words, please tell us briefly how we can help you: _____

List all charges currently pending against you (including the Code Section if known)

<u>Name/Code Section</u>	<u>Date of Offense</u>	<u>Date and time of next Court Appearance</u>	<u>Location of Court (City/County)</u>
_____	_____	_____	_____
_____	_____	_____	_____

Name of the Accuser: _____

Relationship to you: _____

Were you arrested: YES / NO

If yes, please provide the date, time, location and police department: _____

Are you out on bail? Secured or unsecured? _____

Amount of security: _____ Was a protective Order issued: YES / NO

Were you placed on pre-trial services: YES / NO

Were you held in jail overnight: YES / NO

If yes, how many nights: _____

Are you currently on probation? YES / NO Parole? YES / NO

If yes, list name and telephone number of probation/parole officer:

Do you have any previous criminal convictions? YES / NO

If yes, please list (include charge, approx date and outcome):

Do you have any previous "withheld findings"? YES / NO

If yes, please describe: _____

Have you ever failed to appear for a court appearance or been held in contempt of court? If so, please provide

the details: _____

Please provide the name, address and telephone number of any eye witnesses or alibi witnesses:

Was anyone else arrested with respect to your current charge(s)? YES / NO

If yes, who? _____

Do you have an alibi? YES / NO

If so, please describe: _____

PLEASE COMPLETE FOR **DUI CASES ONLY**:

Were you asked to perform a roadside field sobriety test? YES / NO

Were you asked to take a breathalyzer test at the scene? YES / NO

Were you asked to take a breathalyzer test at the police station? YES / NO

Did you, in fact, take the breathalyzer? YES / NO How many times? _____

Was any blood drawn? YES / NO

Did you ask to have an extra sample taken for your lab test? YES / NO

Was there an accident? YES / NO

POSSIBLE COLLATERAL CONSEQUENCES (NOTE: Criminal charges may often have many collateral consequences such as loss of job, impact on child custody, loss of security clearance, loss of driver's and professional licenses, etc. The attorney cannot provide information as to every possible collateral consequence. If you have any special concerns, please bring it to the attorney's attention.)

Do you have a valid CDL? YES / NO

Do you need a CDL for employment? YES / NO

Do you have a valid Virginia driver's license? YES / NO

Do you need a Virginia driver's license for employment? YES / NO

Are you required to carry a firearm for your employment or is your ability to carry firearms important to you?
YES/NO

Do you have a security clearance? YES / NO

If so, please list the agency and level: _____

Do you have a professional license? YES / NO

If so, please list the agency and type: _____

Are you responsible for carrying any minor children? YES / NO

If so, please provide names and dates of birth: _____

Are you responsible for taking care of any elderly or infirmed persons? YES / NO

If so, please provide their names, addresses and nature of infirmity: _____

Was anything taken from you at the time of your arrest? YES / NO (i.e., money, property, contraband)

Do you have any health concerns or special needs (including chemical or alcohol dependency or treatment)?
YES / NO

If so, please specify: _____

Have you ever been declared disabled or mentally incompetent? YES / NO

If so, please describe: _____

GENERAL INFORMATION TO HELP IN PREPARATION FOR THE DEFENSE OF YOUR CASE

RATE IN ORDER OF IMPORTANCE TO YOU:

(Using a scale of 1 to 3, 1 being most important and 3 being least important)

Staying out of jail/minimal jail time _____

Keeping fines or financial penalties to a minimum _____

Keeping legal fees to a minimum _____

Keeping record clean (or as clean as possible) _____

Staying off of probation _____

Remaining free to travel outside of the Commonwealth of Virginia _____

Getting bail money back _____

Getting this matter over with as quickly as possible _____

Maintaining ability to acquire firearms (carry/own) _____

Not being forced to register as a sex offender _____

Have you used any other attorney's with respect to the current charges? YES / NO

If so, who? _____

Please describe your ties to your community, including the length of time that you have lived at your current and former addresses, your family relationships, immigration status (if applicable), employment record and history:

Please provide names, addresses and telephone numbers of any individuals which can verify the information you have provided (I will attempt to consult with you prior to contacting these individuals):

How did you find out about this office: _____

A WORD ABOUT FEES. After consulting your attorney, if you find you do not need a lawyer or do not now wish to retain one, you will be charged a \$75 consultation fee which is payable upon the conclusion of your visit; this information sheet and the attorney's notes will be retained for future use if you later decide to retain one of the Law Center's attorneys.