

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

For office use only:
EOC: _____
ATTY: _____
PAID: _____

CRIMINAL or TRAFFIC INTAKE FORM

Date: _____

Please answer all applicable 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 (check 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: _____
Legal Status: _____ If not citizen, how long in the country _____ years *

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 provide details: _____

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? YES NO

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 \$150 consultation fee which is payable upon the conclusion of your visit (unless you have prepaid); 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. Please Initial _____