## GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET CRIMINAL

CLIENT NAME:_							Date:	
	First	Mid	dle	Maiden	Last			
Date of Birth:			Age:		City/State where be		orn:	
Social Security No.		Driver's License Number:						
Address:								
radiess.	Street		(	City	Parish		State	Zip
Phone: ( )				Alternate P	hone: ( )			
E-Mail Address:								
Employer:								
Employer Address:_								
		Street		City	1		State	Zip
Highest level of edu	cation:_							
Have you ever been	diagnose	ed with any	mental he	ealth disorde	ers?	Yes	J	No
If yes, please list all	diagnose	es and appro	ximate d	ate of diagno	osis for each:_			
Have you ever been	in any b	ranch of the	military	?		Yes	I	No
If yes, which b	ranch,	final rank	achieve	d, and if	discharged,	what	type of	discharge:
CHARGE(S):								
(1.)								
(2.)								
(3.)								
(4.)								
(5.)								
Date of Offense(s):_								
Date of Arrest:								
Name(s) of Arrestin								

Location of Arrest			
Were you arrested with anyone else?	Yes	☐ No	
If yes, name(s):			
Were your Miranda rights read to you?	Yes	☐ No	
Did you give a confession?	Yes	□No	
Bail Amount: \$			
Date of Release from Jail:			
Do you have an upcoming court date?	Yes	☐ No	
If yes, date and time:			
What Court?			
Purpose of court date?			
Docket Number:			
Judge:			
If yes, location and charge pled to:			
Are you currently on probation or parole?	Yes	☐ No	
Do you currently have any other pending charges?	Yes	□No	
ADULT CRIMINAL RECORD			
Please list any prior arrests and charges as an adult, a for each.	and give the da	e, location, description,	and outcome
(1.)			
(2.)			
(3.)			
(4.)			
(5.)_			

## JUVENILE CRIMINAL RECORD

Please list any prior arrests and charges as an juver outcome for each.	nile, and give the date, location, description, and
(1.)	
(2.)	
(3.)	
(4.)	
(5.)	
Please give a brief statement if there is any additional in	nformation you wish for us to know:
This is a consultation only. Any fee for representation attorney at the time of the initial consultation.	is determined based on the facts presented to the
I understand that this is an initial consultation only.	
Signature	Date