



LAW OFFICE OF KYLE WHITAKER

INITIAL CLIENT INFORMATION SHEET

TODAY'S DATE: _____

NAME: _____ AGE: _____ D/O/B: _____

MAIDEN NAME/ALIASES: _____

MARITAL STATUS (CIRCLE ONE): MARRIED SINGLE DIVORCED WIDOWED

NUMBER OF CHILDREN AND THEIR AGES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

CELL: _____ OTHER: _____

EMAIL ADDRESS: _____

DRIVER LICENSE NO.: _____ STATE: _____

SOCIAL SECURITY NO.: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF WORK: _____

WORK SCHEDULE: (DAYS) _____ (TIMES) _____

MAY WE CONTACT YOU AT WORK?: _____

GROSS MONTHLY INCOME: _____

ARE YOU A STUDENT?: _____ SCHOOL NAME & LOCATION: _____

PERSON WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

PERSON WE MAY CONTACT WHO DOES NOT LIVE WITH YOU:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

CRIMINAL CASE INFORMATION:

CHARGE: _____

OFFENSE DATE: _____ COURT: _____

ARRESTING AGENCY: _____

AMOUNT OF BOND: _____

BONDSMAN NAME: _____ PHONE: _____

PRIOR CRIMINAL RECORD:

CHARGE:	DATE:	CONVICTED (Y/N)	SENTENCE:	COURT:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE YOU CURRENTLY ON PROBATION?: _____

IF YES, FOR WHAT OFFENSE?: _____ WHAT COUNTY? _____

PROBATION OFFICER'S NAME: _____ PHONE: _____

ARE YOU CURRENTLY ON PAROLE? _____

IF YES, FOR WHAT OFFENSE?: _____ WHAT COUNTY? _____

PAROLE OFFICER'S NAME: _____ PHONE: _____

REVOCATION FILED?: _____

DO YOU HAVE ANY OUTSTANDING WARRANTS? (TRAFFIC OR OTHER):

IF YES, WHAT TYPE?: _____ WHERE: _____

WHAT WOULD YOU LIKE TO HAPPEN ON THIS CASE? _____

WHO WILL BE FINANCIALLY RESPONSIBLE FOR THE FEES IN THIS MATTER?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

HOW DID YOU HEAR ABOUT US? (Please check all that apply)

Referred by _____ Previous Client

Received letter in mail Online search

Other: _____

Please email completed forms to:

Nicole Whitaker

Office Manager

info@kylewhitaker.com