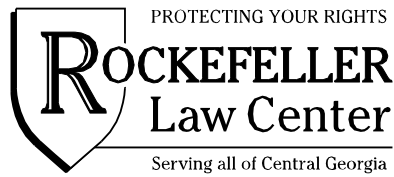


A. James Rockefeller, Esq.
 Jim@rockefellerlawcenter.com
 Member of GA and FL Bars



Christine M. Cruse, Esq.
 Christine@rockefellerlawcenter.com
 Member of GA Bar

Name of Individual who referred you: _____

NEW CLIENT INFORMATION (Criminal Law)

Please take a few minutes to complete this form. This Information will help us determine if we will be able to act as your attorney and help you with your concerns

I. General Personal Information

CLIENT

SPOUSE, PARENT, OR FRIEND

Name

Name

Address

Address

City, State

City, State

Zip, County

Zip, County

Phone (Home)

Phone (Home)

Phone (Work)

Phone (Work)

Phone (Other)

Phone (Other)

Date of Birth

Date of Birth

SSN

SSN

Education

Education

Employer

Employer

E-mail address

Has CLIENT ever/currently served in a branch of the military? YES NO

Has CLIENT ever/currently been married? YES NO

Was CLIENT employed (or recently) at the time of the incident? YES NO

Does CLIENT have any minor children? YES NO

Client's Employment Name/Address	_____	For how long?	_____
Occupation/Position	_____	Weekly Pay	_____
County/State previously lived in?	_____	For how long?	_____
Spouse Employment Name/Address	_____	For how long?	_____

List the Address(es) where CLIENT resided for the past Five (5) Years

- 1.
- 2.

II. Client (answered by Client or on his/her behalf)

<u>Questions</u>	<u>Yes</u>	<u>No</u>
Ever used any other names?	<input type="checkbox"/>	<input type="checkbox"/>
Regularly attended any churches in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
Prior Marriages or Children by Other Person(s) than Current Spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Attended/finished any College School?	<input type="checkbox"/>	<input type="checkbox"/>
Attended/finished any Graduate School?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a United States Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been a resident of a State other than Georgia?	<input type="checkbox"/>	<input type="checkbox"/>
Ever received any type of mental health counseling?	<input type="checkbox"/>	<input type="checkbox"/>

Names, Dates of Birth & Social Security No. of ALL Children of CLIENT

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>
1.			
2.			
3.			

CURRENT PROBLEMS AND CRIMINAL HISTORY

Pending Charges 1. _____ 3. _____
 2. _____ 4. _____

Names of Officers 1. _____ Arresting Officer _____
 2. _____

Did CLIENT say ANYTHING to police about crime? Yes No

Criminal History

Has CLIENT ever been convicted of ANY crime? Yes No

List Felonies 1. _____ 3. _____
 2. _____ 4. _____

List Misdemeanors 1. _____ 3. _____
 2. _____ 4. _____

Witnesses (IF any known to you)
(Either to Incident, Statements, OR Character)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NOS.</u>
1.			
2.			
3.			
4.			
5.			

Thank you. Please return this completed form to one of our Legal Assistants.