

SMITH WATTS & ASSOCIATES, LLC

CRIMINAL INTAKE FORM

DATE: _____

NAME: _____

SSN: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

EMAIL: _____

PHONE: _____ ; _____ ; _____ ; _____
(Home) (work) (cell) (other)

EMPLOYER: _____

SPOUSE: _____

EMPLOYER: _____

CLOSEST RELATIVE: _____

ADDRESS _____

PHONE NO. _____

DATE OF ARREST: _____

COUNTY: _____

CHARGE: _____

TICKET/WARRANT NO: _____

TRIAL COURT _____

ARRESTING OFFICER _____

BONDING JUDGE: _____

AMOUNT OF BOND: \$ _____

COURT DATE: _____

CO-DEFENDANT: _____

WITNESSES:

NAME: _____

ADDRESS: _____

PHONE: _____

DISPOSITION: _____
