



Nnaka & Associates,
Chartered.

A FULL SERVICE LAW FIRM



410-814-7573;
Toll Free: 1-844-208-4492



info@nakalaw.net



300 E. Lombard St. 8th
Floor Baltimore, Maryland
21202 U.S.A



www.nakalaw.net

CRIMINAL INTAKE QUESTIONNAIRE

PERSONAL HISTORY:

Name: _____

Address: _____

City/State/Zip: _____ Rent/Own: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Social Security Number: _____

Nearest Relative: _____

Contact Person: _____

Phone: _____

Address: _____

CHILDREN:

Name(s): _____

Location of Children: _____

Financially responsible for children? Yes: _____ No: _____

Court order in effect? Yes: _____ No: _____ How much: _____

Military Service?: Yes: _____ No: _____

Branch: _____ Years: _____

Location: _____ Overseas: _____

Discharge? Honorable: _____ Other: _____

Driver's License Number: _____

Make/Model of Car: _____

Owner: _____

Paid for? Yes: _____ No: _____ Payments: \$ _____ Owed: \$ _____

Lending Institution: _____

EMPLOYMENT:

Employer: _____

Address: _____
Phone: _____ Supervisor: _____
Position: _____ How long?: _____
Salary: _____ Or Hourly Wage: _____

HEALTH:

Excellent: _____ Good: _____ Poor: _____
Physician: _____
Presently under Physician's care Yes _____ No: _____
Describe: _____
Addiction: Alcohol: _____ Drugs: _____
Ever treated: Yes: _____ No: _____
Facility: _____
Dates: _____
Program Completed? Yes: _____ No: _____
Allergies: _____
Education: _____
Grade completed: _____
Vocational Training: _____ College: _____
Additional Training: _____
Skills: _____
Hobbies: _____

LEGAL INFORMATION:

Other Names, Alias Used: _____
Prior Record
Original Charge: _____
Conviction Charge: _____
Date of Conviction: _____
Location: _____
Sentence: _____
If Currently on Probation
Judge: _____
Probation Officer: _____
Probation time remaining: _____

PRESENT OFFENSE:

Charges: _____

Bond: _____

Co-Defendants: _____

Description of incident: _____

LIST WITNESSES TO EVENTS IN YOUR CASE: NAME, ADDRESS, PHONE

List any character or mitigating-type witnesses and their relation (Employers, Social Workers, Friends, etc....)

Name: _____ Relation: _____

Address: _____ Phone: _____

Name: _____ Relation: _____

Address: _____ Phone: _____

Name: _____ Relation: _____

Address: _____ Phone: _____

Name: _____ Relation: _____

Address: _____ Phone: _____

Notes: _____

