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CRIMINAL DEFENSE CASE EVALUATION FORM

Contact Information

Name

Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

E-Mail Address

Please specify contact preferences as to how/when/where you are contacted.

Basic Information About the Accused

Name of the accused individual.

Date of Birth

Is he/she a U.S. citizen? Yes No

Is he/she in custody? Yes No

Booking Number

Name of Jail

\$

Amount of bail

If any prior arrests please discuss below.

Case Information

Did an arrest occur? Yes No

Date of Arrest

Case Number

Name of Court

Next Court Date

Case Details

Please state your version of the case including all the information, even if you feel it is irrelevant.

Indicate any search and/or confession issues, if any.

Indicate any witness issues, if any.

Other defense issues or general concerns?
