



Criminal Case/ Juvenile Delinquency Intake Form

Personal Information:

Name: _____
Last, First, Middle Initial (Title & Suffix)

Date of Birth: _____ Current Age: _____

Address: _____
Street

City, State Zip: _____

COUNTY: _____

How long at this address? _____

Phone: (_____) _____ - _____

Cell: (_____) _____ - _____

Alt Number: (_____) _____ - _____

E-mail Address: _____ @ _____

Gender: M F

Nicknames that you go by: _____

Who does Defendant live with? _____

Defendants Birth place: _____

Is Defendant legal citizen? _____

If no, is Defendant lawful permanent resident? (Green Card holder): YES NO
If no, please state VISA or other status.

Defendants Race: _____

Defendant's Ethnicity: _____

Languages Defendant speaks: _____

CHARGE INFORMATION:

What are the Charges?

Date of offense: _____

Date of arrest: _____

City/cities of offense: _____

Alleged Victims name.

Has the Defendant been arraigned? : YES NO

Bail Amount Ordered, if any: \$

Bail Conditions

CLIENT RECORD:

Does the Defendant have a record? : YES NO

Is the Defendant currently on probation? : YES NO

Probation Officer Name & Court

Is the Defendant currently committed to DCS? : YES NO

DCS Case Worker name

Placement

CHINS/PINS INFORMATION:

Has the Defendant ever been the subject of a CHINS/PINS petition?

If yes, what is the basis petition? *Stubborn child, runaway, school offender or truancy?*

If yes, what court?

The CHINS/PINS petition is: OPEN Closed

Pending Case 1 Court, Charge, Attorney and next court date

Pending Case 2 Court, Charge, Attorney and next court date

FAMILY INFORMATION:

Mothers Name: _____
Last, First, Middle Initial (Title & Suffix)

Address: _____
Street

City, State Zip: _____

Phone: (_____) _____ - _____

Cell: (_____) _____ - _____

E-mail Address: _____ @ _____

Mother's Employment: _____

Fathers Name: _____
Last, First, Middle Initial (Title & Suffix)

Address: _____
Street

City, State Zip: _____

Phone: (_____) _____ - _____

Cell: (_____) _____ - _____

E-mail Address: _____ @ _____

Father's Employment: _____

Siblings (*name & ages*): _____

Who lives at home with the Defendant? _____

Defendants Children? _____

How long has the Defendant lived in this area? _____

Prior address if less than 2 years.

Address: _____
Street

City, State Zip: _____

Does the Defendant have any other family in the area?

EDUCATIONAL INFORMAITON:

Is the Defendant currently enrolled in school? : YES NO

Current/most recent school. Including city and state: _____

If no, what is Defendant doing? _____

Defendant's current grade:

Does the Defendant receive special education services or has he/she in the past? (Check yes if on an IEP): YES NO

Has defendant t ever been suspended from school: YES NO

If yes, please state when, why & for how long: _____

Are there any school disciplinary hearings pending: YES NO

If yes, please state when and for what: _____

Best Subjects: _____

Extracurricular activities:

EMPLOYMENT INFORMATION:

IS Defendant employed? : YES NO

Where? _____

For how long? _____

Supervisor Name: _____

Previous employer location: _____

Length of employment: _____

Does Defendant do any volunteer work? : YES NO

For how long? _____

Where? _____

Supervisor's name: _____

OTHER DEFENDANT INFORMATION:

Describe any unusual features or markings on Defendant: _____

Social Media sites Defendant uses & User Names

Is the Department of Children & Families (DCF) involved with Defendant? : YES NO

Social Worker: _____

Social Worker phone: _____

MENTAL HEALTH INFORMATION

List any mental health diagnosis of the Defendant (i.e. PTSD, Depression, ADD, and ADHD)

Is defendant currently in counseling? : YES NO

Name of Counselor: _____

Counselor Phone Number: _____

Was Defendant in counseling in the past? : YES NO

If yes, Name of Counselor: _____

Counselor Phone Number: _____

Does Defendant have history of trauma? : YES NO

If yes, please explain: _____

Does Defendant have prior psychiatric hospitalizations? : YES NO

If yes please explain including where/when: _____

Prescribing DR.: _____

Prescribing doctor Phone number: _____

OTHER INFORMATION

Do you currently have an attorney on this case? : YES NO

Attorney's name: _____

Address: _____

Street

City, State Zip: _____

Phone: (_____) _____ - _____

Cell: (_____) _____ - _____

E-mail Address: _____@_____

Any additional information you need to provide that was not covered above:

I agree that by signing this sheet that I understand I am not entering into an attorney client relationship with the Baric & Associates, any of our attorneys, entities or affiliates by submitting this form. All representation of clients shall be performed by written agreement.

Date: _____ Signature: _____