

Client Intake- Expunction

Date: _____

Name: _____ Employer: _____
Mailing Address: _____ Telephone (W): _____
Apt/Ste/Lot #: _____ Telephone (H): _____
City, State: _____ Telephone (C): _____
Zip Code: _____ Other: _____
Email Address: _____

Complete SS#: _____ Date of Birth: _____
DL State, #: _____ Race: _____ Sex: _____
CDL: YES or NO
Have you ever been convicted of a misdemeanor?: YES ___ or NO ___
Have you ever been convicted of a felony?: YES ___ or NO ___

How did you hear about our office?: _____

******DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY!******

Offense Date: _____ Disposition Date: _____ County: _____

CHARGE: _____

Docket #: _____ Officer: _____

CHARGE: _____

Docket #: _____ Officer: _____

Disposition: _____ Sentence/Probation Length: _____

Date of Arrest: _____ Arresting Agency: _____

Other Law Enforcement Agency: _____

Warrant: Y or N Affidavits: Y or N

PLAN: _____

Attorney Fee: \$ _____ Court Cost: \$ _____

Payment Schedule (Down Payment to Open Case(s)): \$ _____