

INTAKE FORM

Law Offices of Tina M. Barberi, PC
Phone: (559) 447-1240
Email: Info@barberilaw.com

Date: _____

Name: _____

AKA: _____ Booking Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Work Number: _____

Other Phone: _____ Email: _____

Referred or Found Us: _____

Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Length: _____ Earnings: _____ Other Income: _____

Driver's License: _____ Date of Birth: _____ Age: _____

Social Security: _____ Birthplace: _____

Current Charges: _____

Arrest Date: _____ Time: _____ Location: _____

Courthouse (City): _____ Department: _____

Case No.: _____ Court Date: _____ Time: _____

DMV Hearing Date: _____ Time: _____ License Status: _____

Other Pending Cases: _____

Case No.: _____ County: _____

Prior Record: _____

Case No.: _____ County: _____

Prior Record: _____

Case No.: _____ County: _____

Immigration Status: US Citizen US Permanent Resident DACA Military/Veteran

Health Conditions: Physical Disability Mental Health Condition Alcoholism Substance Abuse

Officer Contact: Traffic Stop Accident Checkpoint Other

Alcohol Testing: Refusal Blood & Breath Test Blood Test Breath Test

Police Detention: Arrested Booked into Custody Cited/Released Warrant

Explain Circumstances of Charges: