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OFFICE USE ONLY

Date Opened _____
Ref'd by _____
Date Closed _____

CRIMINAL LAW CLIENT QUESTIONNAIRE

PLEASE PRINT LEGIBLY

YOUR NAME: _____

Full (physical) Address: _____

City: _____ State: _____ Zip: _____ County: _____

Okay to mail to this address: Yes No

Mailing Address if different from above: _____

CLIENT NAME (if different): _____

Full (physical) Address: _____

City: _____ State: _____ Zip: _____ County: _____

Okay to mail to this address: Yes No

Mailing Address if different from above: _____

Client Phone No.: _____ Cell/Pager No.: _____

Client Email: _____

DOB: _____ SS# _____ Education: _____

Employer: _____ How Long? _____

Address: _____

Charged Offenses: _____

Date of Arrest/Citation: _____ Date of Offense: _____

Court Date (s): _____ Jurisdiction: _____

WITNESSES AND CONTACT INFORMATION: _____

II. PRIOR RECORD

Arrests:

- 1. _____ Date:
- 2. _____ Date:
- 3. _____ Date:

III. PENDING CASES: _____

CO/DEFENDANTS: _____

IV. PROBATION/PAROLE:

Offense	Date	Judge:
_____	_____	_____

First Offender? Yes No

IV. FACTS PER DEFENDANT: _____

VI. STATE'S RECOMMENDATION:

Prosecutor: _____ Phone: _____