

**Phillips & Allen, P.A.**  
**ATTORNEYS AT LAW**  
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Arnold F. Phillips

Robert A. Allen

**CRIMINAL CLIENT INTAKE SHEET**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_ (home)  
**Address:** \_\_\_\_\_ (work)  
\_\_\_\_\_ (cell)  
How Long: \_\_\_\_\_ How Long MD: \_\_\_\_\_  
Live with: \_\_\_\_\_ Relation: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Inmate #: \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_  
Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced  
Children: No: \_\_\_ Ages: \_\_\_\_\_ Child Support: \_\_\_ Yes \_\_\_ No  
Monthly Amount of Support \$ \_\_\_\_\_  
Alias: \_\_\_\_\_  
**E-Mail address:** \_\_\_\_\_

**Please provide the staff with a copy of a picture ID.**

**Attorney Taking Case:** Arnold F. Phillips Robert L. Allen

**Other Parties Involved/Co-Defendants:**

Name & Address: \_\_\_\_\_

Name & Address: \_\_\_\_\_

**EDUCATION**

Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

School: \_\_\_\_\_ Diploma: \_\_\_ Yes \_\_\_ No Year \_\_\_\_\_

College: \_\_\_\_\_ Diploma: \_\_\_ Yes \_\_\_ No Year \_\_\_\_\_

Major: \_\_\_\_\_ Graduate School: \_\_\_ Y \_\_\_ N Diploma \_\_\_\_\_

Other: \_\_\_\_\_

**MILITARY**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank: \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Pay: \_\_\_\_\_

Unemployed: \_\_\_\_\_ How Long: \_\_\_\_\_

**HEALTH**

Physical: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Present Ailments: \_\_\_\_\_

Mental: \_\_\_ Yes \_\_\_ No

Date of Diagnosis: \_\_\_\_\_ Dr./ Institution: \_\_\_\_\_

Alcohol Abuse: \_\_\_ No Date Program \_\_\_\_\_

\_\_\_ Yes \_\_\_\_\_

\_\_\_ Alcoholic \_\_\_\_\_

Drug Abuse: \_\_\_ No Date Program \_\_\_\_\_

\_\_\_ Yes \_\_\_\_\_

\_\_\_ Addiction \_\_\_\_\_

Treatment: \_\_\_ No Date Program \_\_\_\_\_

\_\_\_ Yes \_\_\_\_\_

**CRIMINAL RECORD**

Date	Charge	Location	Disposition
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\_\_\_\_\_

\_\_\_\_\_

Currently on Parole/Probation:

For: \_\_\_\_\_

Court: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Parole/Prob. Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

Traffic: _____ None	_____ Minor	_____ Major
Date	Violation	Disposition

\_\_\_\_\_

\_\_\_\_\_

Other Pending Charges:

Charge	Location	Trial Date
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\_\_\_\_\_

\_\_\_\_\_

**PRESENT CASE**

Charges:	Charge	Court	Case #	Trial Date
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

I understand that an Attorney/Client relationship is not established unless my case is accepted and I enter into a fee agreement with the assigned attorney. If I do not enter into a fee agreement with Phillips & Allen, P.A., I understand that I am not protected by confidentiality or conflict of interest rules. I have read and received this firm's privacy policy and understand that the privacy policy applies to all information provided to Phillips & Allen, P.A. regardless of whether I retain any attorney in the firm.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_