

BERLIN LAW FIRM, PLLC
LEE F. BERLIN
ATTORNEY AT LAW

ALLEGATION OF SEX CRIME CLIENT INTAKE

DATE: _____

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____

U.S. CITIZEN: _____ PLACE OF BIRTH: _____

DO YOU READ/WRITE/SPEAK THE ENGLISH LANGUAGE FLUENTLY: _____
IS ENGLISH YOUR SECOND LANGUAGE: _____

DRIVER'S LICENSE # _____

HOME ADDRESS: _____

City/State

Zip

HOME PHONE: _____

PRESENT EMPLOYMENT: _____

WORK ADDRESS: _____

WORK PHONE: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

SUPERVISOR: _____

WAGE/SALARY: _____

SPOUSE: _____

SPOUSE'S EMPLOYER: _____

EMERGENCY CONTACT: (Name/Phone) _____

EDUCATIONAL BACKGROUND: 1 2 3 4 5 6 7 8 9 10 11 12
Some College College Graduate Graduate Professional Degree

MILITARY SERVICE: _____

DO YOU HAVE ANY PLANS OF JOINING THE MILITARY: _____

PROFESSIONAL/CIVIC INVOLVEMENT: _____

PROFESSIONAL LICENSES/SPECIAL OPERATOR LICENSES (i.e. pilot, cdl, etc.): _____

WHAT RELIGIOUS DENOMINATION ARE YOU, IF ANY? _____

ARE YOU MARRIED? ____ IF SO, HOW MANY YEARS? _____

ARE YOU DIVORCED/SEPARATED? ____ IF SO, WHEN? _____

REASON FOR DIVORCE _____

CHILDREN: (Names & Ages) _____

DO YOU PAY CHILD SUPPORT? _____ IF SO, HOW MUCH PER MONTH _____

WAS CHILD CUSTODY AT ISSUE IN THE DIVORCE/SEPARATION? _____

WERE THERE ANY ALLEGATIONS OF CHILD SEXUAL/PHYSICAL ABUSE DURING THE CUSTODY DISPUTE? _____ IF SO, DETAILS ON SEPARATE SHEET _____

ARE YOU CURRENTLY ON ANY MEDICATIONS: _____ IF SO, PLEASE LIST _____

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, SEXUAL ISSUES, PSYCHOLOGICAL ISSUES, ANXIETY, DEPRESSION, ETC. _____ IF SO, PLEASE LIST CONDITION AND DATES OF TREATMENT _____

HAVE YOU EVER BEEN HOSPITALIZED FOR ANY MENTAL/PSYCHOLOGICAL CONDITION ____ IF SO, PLEASE LIST REASON AND DATE(S) _____

ARE THERE ANY MEDICATIONS YOU HAVE BEEN PRESCRIBED BUT ARE NOT TAKING ____ IF SO, PLEASE LIST MEDICATION AND REASON FOR NOT USING _____

PRIOR ARREST HISTORY: _____

ARE YOU CURRENTLY ON PROBATION/PAROLE/SUSPENDED OR DEFERRED SENTENCE IN ANY COURT OR JURISDICTION: _____ IF SO, PLEASE EXPLAIN _____

HAVE YOU EVER RECEIVED A DEFERRED SENTENCE: _____ IF SO, PLEASE GIVE DATE, HOW LONG DEFERRED SENTENCE WAS FOR, AND OFFENSE: _____

PRIOR SEX OFFENSE HISTORY: _____

PRIOR CRIMINAL HISTORY: _____

ARREST INCIDENT INFORMATION SHEET

DATE OF ARREST/ALLEGATION: _____ TIME: _____

LOCATION OF ARREST/ALLEGED INCIDENT: _____

BRIEF DESCRIPTION OF ALLEGED EVENTS _____

WITNESSES: _____

RELEVANT MEDICAL HISTORY: YES or NO. IF YES, WHAT _____

DO YOU SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS:

1. NATURALLY OCCURRING NYSTAGMUS _____
2. EYE PROBLEMS _____
3. HIGH BLOOD PRESSURE _____
4. DEPRESSION _____
5. ANXIETY _____
6. ALCOHOLISM _____
7. DRUG USE OR ADDICTION _____
8. KNEE, ANKLE, FOOT, TOE, HIP, GAIT, OR OTHER MOBILITY PROBLEMS: _____
9. DIABETES _____
10. TAKING ANY PRESCRIPTION DRUGS _____
11. PRESCRIBED A DRUG YOU SHOULD BE TAKING BUT ARE NOT _____
12. ATTENTION DEFICIT DISORDER _____
13. LEARNING DISABILITY _____
14. SPEECH IMPEDIMENT _____
15. STOMACH PROBLEMS _____
16. TOBACCO USE & TYPE _____

MEDICAL PROVIDER'S NAME AND ADDRESS: _____

ACTIVITIES ON THE DATE OF ARREST/ALLEGATION (MIN OF 4 HOURS PRIOR TO ARREST/STOP)

WITNESSES OR EVIDENCE OF THESE ACTIVITIES _____

WHAT DO YOU WANT TO SEE HAPPEN IN THIS CASE: _____

WHAT DO YOU EXPECT TO HAPPEN: _____

IS A PLEA TO TERMS THAT DO NOT INVOLVE PRISON, BUT STILL REQUIRES YOU TO REGISTER, ACCEPTABLE? _____. IF SO, WHAT KIND OF PLEA TERMS DO YOU WANT? _____

It is extremely important that you be completely honest with your attorney in answering these questions. How I defend you, develop strategy, negotiate, plea, sentence, and try a case are dependent upon these responses.

Do you understand this? _____

I submit that my answers have been given truthfully and as completely as possible and understand my attorney(s) may and will rely upon my answers in representing me.

Client Signature

Print Name