

Criminal Charge Client Intake Form

Personal Information

Full Name <i>(including middle name)</i>						
Address						
Number	Street	Apt.	City	Prov./Terr.	Postal Code	# of years
E-mail	Home Phone	Work Phone	Cell Phone			
Date of Birth	Occupation	Job Title & Place of Employment				
<p>If you are contacting us on behalf of someone else, please provide that person's full name, date of birth and your relationship to that person</p>						

Criminal Charge Details

Please describe the criminal charge(s)			
Date of arrest & charge	Next court date	Location of court date	Police service that laid charge
Name(s) of complainant(s), if known		Name(s) of co-accused, if any	
Private Retainer or Legal Aid <input type="checkbox"/> Private <input type="checkbox"/> Legal Aid		If legal aid, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal aid certificate number			