

THE BRYANT LAW FIRM

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CLIENT BASIC INFORMATION – CRIMINAL DEFENSE

NAME: _____
DATE OF BIRTH: _____ AGE: _____
PLACE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____ RACE/ETHNICITY _____
DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____
RESIDENCE, INCLUDING ZIP CODE: _____
HIGHEST LEVEL EDUCATION COMPLETED: _____
EMAIL ADDRESS: _____
DEFENDANT SPIN NUMBER (If known) _____
CELL #: _____ HOME #: _____
EMPLOYER NAME: _____ YEARLY SALARY \$ _____
EMPLOYER ADDRESS: _____
WORK PHONE NUMBER: _____ JOB TITLE: _____
NAME, AND PHONE NUMBER OF PERSON TO CONTACT IN EVENT OF EMERGENCY:

RELATIONSHIP TO YOU: _____

CRIMINAL BACKGROUND INFORMATION

ARREST/CHARGES: _____
COURT #: _____ CAUSE #: _____
NEXT COURT DATE AND TIME: _____
ARRESTING AGENCY (HPD, HCSO, etc.) _____
DATE/TIME OF ARREST: _____ OFFENSE #: _____
LOCATION OF ARREST: _____
CO-DEFENDANTS/ATTORNEYS: _____

PRIOR FELONY ARREST HISTORY AND DISPOSITIONS: _____

PRIOR MISDEMEANOR ARREST HISTORY AND DISPOSITIONS: _____

BRIEF DESCRIPTION OF CURRENT ARREST: _____

PLEA OF CLIENT/DEFENDANT _____

DOES CLIENT WANT TO GO TO TRIAL? (INDICATE YES OR NO) _____

DOES CLIENT WANT TO PLEA DEAL? (INDICATE YES OR NO) _____

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT OUR LAW FIRM? _____

CLIENT SIGNATURE

DATE