**Client Name**: **Phone**:

Address: 

**Emergency Contact**: 

Relationship: Phone: 

### Bail & Custody

**Client Location**: **Custody Status**: ❐ In ❐ Out 

* *If In,* Bail: $: Other Conditions: 
* *Bail Fund Referral Made:* ❐ Yes ❐ No

Bail Argued: ❐ Yes ❐ No Result: 

Bail Motion Set: ❐ Yes ❐ No Date/Time: 

### Criminal Case Information

**Assigned Attorney**: 

**Charges**: 

**Next Court Date**:  **Time:** 

**Status**:

**Plea Offer Made**:❐ Yes ❐ No

* *If yes*, summary: 

**Order of Protection:** ❐ Yes ❐ No Notes: 

**Co-Defendant:** ❐ Yes ❐ No Attorney: 

Notes:

### Background Information

**D.O.B.**: **Age**:   

**Gender**: ❐ Woman ❐ Man ❐ Non-Binary/Non-Conforming

❐ Other ❐ Prefer Not to Answer 

Do you identify as transgender? ❐ Yes ❐ No ❐ Prefer Not to Answer

**Race**: ❐ American Indian & Alaska Native ❐ Asian ❐ Black or African American

❐ Native Hawaiian or Pacific Islander ❐ White ❐ Other 

**Ethnicity**: ❐ Hispanic or Latino/a/x ❐ Not Hispanic or Latino/a/x ❐ Prefer Not to Say

**Immigration**: ❐ U.S. Citizen ❐ Non-Citizen, Lawful Status ❐ Undocumented

**Veteran**: ❐ Yes ❐ No *If, yes:* Years: \_\_\_ Branch: \_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_

**ID**: ❐ Driver’s License ❐ Other Identification ❐ None

### Housing & Family

Do you currently have a stable place to live? ❐ Yes ❐ No ❐ No Answer

* *If no*, where are you currently living? 
* *If yes,* what type of housing do you live in? ❐ House ❐ Apartment ❐ Shelter

❐ Supportive Housing ❐ Staying with Friends/Family ❐ Other: 

How long have you lived there or been unhoused:   

Who do you live with: 

Are you married: ❐ Yes ❐ No ❐ No Answer

Do you have children: ❐ Yes ❐ No ❐ No Answer

* *If yes*, what are their ages? 

### Employment

Are you currently employed: ❐ Yes ❐ No ❐ No Answer

*If yes,*

* Employer/Location: 
* Job/Position:     
* Off the books: ❐ Yes ❐ No ❐ No Answer
* Has job been affected by case: ❐ Yes ❐ No ❐ Not Sure
* If yes, can you return: ❐ Yes ❐ No ❐ Not Sure
* May we confirm employment? ❐ Yes ❐ No *If yes*, with who:       

*If no,*

* Source(s) of income: ❐ Unemployment ❐ SSI/Disability ❐ Social Security

❐ Medicaid ❐ SNAP ❐ Other: 

* Currently seeking employment: ❐ Yes ❐ No

### Education

What is your highest level of education? ❐ < HS ❐ HS Diploma ❐ GED

❐ Vocational ❐ Some College ❐ Degree

Are you interested in educational/vocational training assistance? ❐ Yes ❐ No ❐ Not Sure

### Health

Are you currently under the care of or seeking medical treatment? ❐ Yes ❐ No ❐ Not Sure

Do you have any physical conditions that require accommodations? ❐ Yes ❐ No ❐ Not Sure

* *If yes, what are they:* 

Have you ever received a medical or mental health diagnosis? ❐ Yes ❐ No ❐ Not Sure

* *If yes, what are they:* 

Have you ever been to a therapist, psychiatrist, or counselor? ❐ Yes ❐ No ❐ Not Sure

* *If yes, when and for how long:* 

### Substance Use

Do you use any drugs or drink alcohol? ❐ No History of Use ❐ Current Substance Use

* *If yes,* ❐ Drugs: ❐ Alcohol 

Have you ever received treatment for substance use? ❐ Current ❐ Past ❐ Never

* *If no*, are you interested in treatment for substance use? ❐ Yes ❐ No

### Support Network

Name: 

Relationship to Client: Phone: 

Name: 

Relationship to Client: Phone: 

V. 2

| **Client Name**: **Phone**:Address: **Emergency Contact**: Relationship: Phone:  |
| --- |
| **Bail & Custody****Client Location**: **Custody Status**: ❐ In ❐ Out * *If In,* Bail: $: Other Conditions:
* *Bail Fund Referral Made:* ❐ Yes ❐ No

Bail Argued: ❐ Yes ❐ No Result: Bail Motion Set: ❐ Yes ❐ No Date/Time:  |
| **Criminal Case Information****Assigned Attorney**: **Charges**: **Next Court Date**:  **Time:** **Status**:**Plea Offer Made**:❐ Yes ❐ No* *If yes*, summary:

**Order of Protection:** ❐ Yes ❐ No Notes: **Co-Defendant:** ❐ Yes ❐ No Attorney: Notes:  |
| **Background Information****D.O.B.**: **Age**:   **Gender**: ❐ Woman ❐ Man ❐ Non-Binary/Non-Conforming ❐ Other ❐ Prefer Not to Answer Do you identify as transgender? ❐ Yes ❐ No ❐ Prefer Not to Answer**Race**: ❐ American Indian & Alaska Native ❐ Asian ❐ Black or African American❐ Native Hawaiian or Pacific Islander ❐ White ❐ Other **Ethnicity**: ❐ Hispanic or Latino/a/x ❐ Not Hispanic or Latino/a/x ❐ Prefer Not to Say**Immigration**: ❐ U.S. Citizen ❐ Non-Citizen, Lawful Status ❐ Undocumented**Veteran**: ❐ Yes ❐ No *If, yes:* Years: \_\_\_ Branch: \_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_**ID**: ❐ Driver’s License ❐ Other Identification ❐ None |
| **Housing & Family**Do you currently have a stable place to live? ❐ Yes ❐ No ❐ No Answer* *If no*, where are you currently living?
* *If yes,* what type of housing do you live in? ❐ House ❐ Apartment ❐ Shelter

❐ Supportive Housing ❐ Staying with Friends/Family ❐ Other: How long have you lived there or been unhoused:   Who do you live with: Are you married: ❐ Yes ❐ No ❐ No Answer Do you have children: ❐ Yes ❐ No ❐ No Answer* *If yes*, what are their ages?
 |
| **Employment**Are you currently employed: ❐ Yes ❐ No ❐ No Answer*If yes,* * Employer/Location:
* Job/Position:
* Off the books: ❐ Yes ❐ No ❐ No Answer
* Has job been affected by case: ❐ Yes ❐ No ❐ Not Sure
* If yes, can you return: ❐ Yes ❐ No ❐ Not Sure
* May we confirm employment? ❐ Yes ❐ No *If yes*, with who:

*If no,* * Source(s) of income: ❐ Unemployment ❐ SSI/Disability ❐ Social Security

❐ Medicaid ❐ SNAP ❐ Other: * Currently seeking employment: ❐ Yes ❐ No
 |
| **Education** What is your highest level of education? ❐ < HS ❐ HS Diploma ❐ GED ❐ Vocational ❐ Some College ❐ DegreeAre you interested in educational/vocational training assistance? ❐ Yes ❐ No ❐ Not S |
| **Health**Are you currently under the care of or seeking medical treatment? ❐ Yes ❐ No ❐ Not Sure Do you have any physical conditions that require accommodations? ❐ Yes ❐ No ❐ Not Sure* *If yes, what are they:*

Have you ever received a medical or mental health diagnosis? ❐ Yes ❐ No ❐ Not Sure * *If yes, what are they:*

Have you ever been to a therapist, psychiatrist, or counselor? ❐ Yes ❐ No ❐ Not Sure* *If yes, when and for how long:*
 |
| **Substance Use**Do you use any drugs or drink alcohol? ❐ No History of Use ❐ Current Substance Use* *If yes,* ❐ Drugs: ❐ Alcohol

Have you ever received treatment for substance use? ❐ Current ❐ Past ❐ Never * *If no*, are you interested in treatment for substance use? ❐ Yes ❐ No
 |
| **Support Network**Name: Relationship to Client: Phone: Name: Relationship to Client: Phone:  |
|  |