

Marvin R. Jeffcoat, Esq.
Attorney at Law
CRIMINAL MATTERS
INTAKE FORM



50-55 45th Street, Woodside, NY 11377 (347) 841-4335 jeffcoatm505@aol.com

Date: _____ Referred by: _____

HAVE YOU SPOKEN TO ANOTHER ATTORNEY ABOUT THIS CASE? ___ YES ___ NO

IF SO, PLEASE GIVE NAME OF ATTORNEY: _____

DO YOU HAVE A SIGNED RELEASE BY THAT ATTORNEY? ___ YES ___ NO

WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC.)

CLIENT INFORMATION:

Name: _____ Tel: _____ (cell) (other): _____

Address: _____ Date of Birth: _____

Length of Time at that Address: _____ years

Previous Address(es) (for last 10 years): _____

Email: _____ SSN: _____

Nationality: _____ Place of Birth: _____

What Passports/Dual Citizenship Do You Have: _____

Gender: _____ Race/Ethnicity: _____ HT: _____ WT: _____

Eye Color: _____ Hair Color: _____

Employer: _____

Address: _____

Work Phone: _____ Ext.: _____

Fax: _____ Work Days/Hours: _____

How long have you worked there? _____

Immediate Supervisor: _____

Gross Monthly Income from Employment: \$ _____

Other Income: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Address: _____

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Work Phone: _____ Occupation: _____

Previous Marriage(s): Yes ____ No ____ Ended By? _____
Children: Name/Date of Birth/Living at Home? _____

Client's Employer: _____ Occupation: _____
Duties: _____

Client's Employer: _____ Occupation: _____
Duties: _____

Education Information

High School Graduate? _____ Yes/No
If Yes, School Name: _____
Year of Graduation/Last Grade Completed _____

College? _____ Yes/No
If Yes, School Name: _____ Major: _____
Year of Graduation _____

Graduate School? _____ Yes/No
If Yes, School Name: _____ Degree: _____
Year of Graduation _____

Additional Education History: _____

Type of matter that you need assistance with:

(i.e. Criminal, Civil Service, Etc.): _____
Brief description of legal issue: _____

Who needs representation? (self or other): _____
Date of Incident: _____

Criminal Representation:

Have you been contacted by police or law enforcement agency?
If so, date _____
How contacted (phone, home, letter/card) _____
Name of law enforcement Agency _____
Have you or your loved one been arrested: _____
Next Court Appearance: _____

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County of Court: _____
Charges: _____

Information About Arrest

Date of Arrest: _____
Time of Arrest: _____
Location of Arrest: _____
Date of Alleged Crime: _____
Location of Alleged Crime: _____

What was the reason or explanation given for your arrest? _____

Did the police have a warrant? _____ Yes/No
What crime were you charged with? _____

Who arrested you (name and badge number of officer(s))? _____

Was anyone else present at the time? _____ Yes/No
If Yes, explain: _____

Was your property searched at the time of the arrest? _____ Yes/No
If Yes, explain: _____

Did the police find anything that they kept? _____ Yes/No
If Yes, explain: _____

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Were you searched at the time of the arrest? _____ Yes/No

If Yes, explain: _____

Did the police find anything that they kept? _____ Yes/No

If Yes, explain: _____

Were you read your Miranda rights (informing you that you have the right to remain silent, you have the right to an attorney, etc.) at the time of your arrest? _____ Yes/No

If Yes, explain: _____

Did you volunteer any statements before being read your Miranda rights?
_____ Yes/No

If Yes, explain: _____

Did you give or sign any statements? _____ Yes/No

If Yes, explain: _____

If Yes, do you feel the statement was voluntarily given? _____ Yes/No

Explain: _____

Were you asked to participate in a line-up at any time? _____

Were you fingerprinted or photographed at any time? _____

At any time prior to or after your arrest did you ask to speak to an attorney? _____ Yes/No

If Yes, was one provided to you? _____

What was the name of the attorney you spoke to? _____

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At any time were you physically threatened or mentally harassed by the police? ___Yes/No
If Yes, explain: _____

What is your version of the events leading up and causing your arrest?

Have you ever been questioned, but not arrested, in connection with a crime? ___Yes/No
If Yes, explain: _____

Do you have a criminal record? _____Yes/No
If Yes, explain: _____

Do you have a drivers' license? _____Yes/No
If Yes, what state issued your license? _____
If No, have you ever had a drivers' license? _____
Explain: _____

Do you own any automobiles, motorcycles, or other motorized vehicles? _____Yes/No
If Yes, please list all such vehicles: _____

Have you ever owned a firearm? _____Yes/No
If Yes, explain: _____

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Are you in good health? _____ Yes/No

Explain all current and chronic illnesses, past and future surgeries, and medications you are currently taking, and other relevant health information: _____

Do you have a history of alcohol or drug abuse? _____ Yes/No

If Yes, explain: _____

Have you ever been treated by a psychologist, psychiatrist or other mental health care professional? _____ Yes/No

If Yes, explain: _____

Other Important Information:

Questions to Ask My Attorney:

WITNESSES:

1. Name and address: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.): _____

What did each see? _____

Would they be willing to testify in court to what he/she saw? ___ Yes ___ No

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2. Name and address: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.): _____

What did each see? _____

Would they be willing to testify in court to what he/she saw? ___ Yes ___ No

3. Name and address: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.): _____

What did each see? _____

Would they be willing to testify in court to what he/she saw? ___ Yes ___ No

4. Name and address: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.): _____

What did each see? _____

Would they be willing to testify in court to what he/she saw? ___ Yes ___ No

5. Name and address: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.): _____

What did each see? _____

Would they be willing to testify in court to what he/she saw? ___ Yes ___ No

VIEWING THE SCENE:

Can we go to the crime scene? ___ Yes ___ No

Is the evidence available for inspection? ___ Yes ___ No

Who do we contact to arrange a viewing? _____

NAME AND ADDRESS: _____

Telephone Number: (____) _____

Job Title: _____

Can we photograph the evidence/scene? ___ Yes ___ No

Any other information you feel may assist us in representing you for this claim?

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DIAGRAM OF CRIME SCENE: