

DAVID LEE WELLS LAW OFFICE

329 Armour Road, North Kansas City, Missouri 64116
Phone: 816-842-2171 · Fax: 816-842-2173
www.davidwellslaw.com

CRIMINAL INTAKE SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you. If Mr. Wells is not available please leave detailed questions with the staff in order to obtain a response. Staff cannot give legal advice.**

DATE: _____ NEW CLIENT: PRESENT CLIENT:
HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____
NAME: _____ **ADDRESS:** _____
SSN: _____ DOB: _____ WHERE WERE YOU BORN? _____ U.S. Citizen? Yes No
SPOUSE: _____ WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
EMPLOYER: _____ ADDRESS: _____

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

CELL PHONE: () _____ HOME PHONE: () _____
BUSINESS PHONE: () _____ FAX LINE:() _____
EMAIL: _____ EMERGENCY CONTACT: _____

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

BEEN ARRESTED BEFORE? Yes No FOR WHAT? _____ WHERE? _____
ARE YOU ON PROBATION? Yes No FOR WHAT? _____ WHERE? _____

CHARGE (What do the police say you did):

COURT: _____ ADDRESS: _____
COURT PHONE#: _____ NEXT COURT DATE: _____

VICTIM: _____ PHONE NO.: _____
ADDRESS: _____

VICTIM'S ATTORNEY: _____ PHONE NO.: _____
ADDRESS: _____

PROSECUTOR: _____ PHONE NO.: _____

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FEE ARRANGEMENT:

HOURLY: \$ _____ ATTORNEY PER HOUR
 \$ _____ PARALEGAL
 \$ _____ LEGAL ASSISTANT

ADVANCES REQUIRED: OPENING ADVANCE OF: \$ _____ FOR GUILTY PLEA: \$ _____
 ADVANCE FEE FOR TRAIL: \$ _____

I understand if I do not pay for expenses or attorney immediately when billed the attorney may withdraw from my case.

DATE: _____ CLIENT SIGNATURE: _____

ATTORNEY SIGNATURE: _____

BILLING INSTRUCTIONS FOR THE BOOKKEEPER:

FEE: MONTHLY UPON CONCLUSION OTHER
DISBURSE: MONTHLY UPON CONCLUSION OTHER

FILES

OPEN NEW FILE FILE NAME _____
 INCLUDE IN EXISTING FILE
 NO FILE – PLACE IN MISCELLANEOUS CONSULT FILE
DEMAND DISCOVERY FROM PROSECUTOR: _____

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NON-EMPLOYMENT:

David Lee Wells will do nothing in this matter. He has told me to see another attorney.

DATE: _____ SIGNATURE: _____