

DURON LAW INTAKE FORM

Client Information

Last name: _____ MI _____ First name _____

Date of Birth: ____/____/____ Age: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone: () _____ Secondary Phone () _____

Email: _____

Marital Status: _____ Spouse name: _____

Driver License: _____ SSN: _____

Emergency Contact: _____ Rel: _____ Phone: () _____

Employment Information

Employer: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Hire Date: ____/____/____ Position: _____

Third Party Payer (if applicable)

Last name: _____ MI _____ First name _____

Address: _____ City _____ State _____ Zip _____

Primary Phone: () _____ Secondary Phone () _____

Email: _____

Relationship: _____

CRIMINAL CASE IN-TAKE

Incarcerated: Yes No Institution: _____

Nature of Charge (***Check all that apply***): Federal CA
 Juvenile DUI Expungement DV Weapon _____

Parole Violation Misdemeanor Felony Other: _____

Charge (Code Section if known):

Count 1: _____ Count 2: _____ Count 3: _____

Date of Citation/Arrest: ____/____/____ Next Hearing Date: _____

Arresting Agency: _____

EXPUNGEMENT (if applicable)

1. Reason why applying for expungement: _____

2. Give as many details as possible about the charges you need expunged:

a. WHAT COUNTY WERE YOU CHARGED IN? _____

b. WHAT WERE THE CHARGES FOR? _____

c. HOW HAS THESE CHARGES AFFECTED YOUR LIFE? _____

3. Fee Waiver Inquiry/Do you receive any of the following? (***Check all that apply***)

Medical Cal Fresh Any State Benefits

