



LEGAL INTAKE QUESTIONNAIRE CRIMINAL DEFENSE

Client Information:

Full Name: _____

Email Address: _____

Phone Numbers: _____

Address: _____

County/City/State: _____ Zip Code: _____

1. How were you referred to Goyette, Ruano & Thompson?

2. What legal representation do you believe you need? In other words, what prompted you to contact our office?

3. Were you arrested? If so by what law enforcement agency? And where did the arrest occur?

4. Who is the complaining witness or the victim(s)? How are they related to you?

**5. Did you give any kind of statement, whether it be written or verbal?
If so, describe who you spoke to and what you said.**

6. Do you have a court date?

No YES, When?_____

7. Do you have a copy of the complaint that was filed against you? Or do you have a notice to appear? *Please provide us any documents you have related to this case.*

8. Were you the subject of a search warrant? If so, what was seized and when?

9. Do you have any prior criminal convictions or arrests?

****FOR ADDITION SPACE PLEASE SEE NEXT PAGE ****

PLEASE READ THIS, IT IS IMPORTANT:

By submitting this potential client intake form you are not establishing an attorney-client relationship with GRT. We are making no commitment to take your case and we are not taking any action on your behalf. In the event that we might be interested in taking your case we will communicate with you further and gather more information. No attorney-client relationship will exist if and until you and GRT execute a comprehensive attorney-client retainer/fee agreement.

NOTE: GRT DOES NOT DO FREE OR NO COST CONSULTATIONS OR EVALUATIONS IN MOST CASES.

SIGNATURE:

DATE:

ADDITIONAL INFORMATION

REDWOOD CITY
888 993 1600

GOLD RIVER/SACRAMENTO
916 851 1900

MODESTO
209 491 4800

FRESNO
559 268 7768

SAN FRANCISCO
888 993 1600