**Quinde & Associates, LLC**

 ATTORNEYS AT LAW

 205 W. Pike Street, Suite 120

 Lawrenceville, Georgia 30046-6923

678-404-7104

**CRIMINAL CLIENT INFORMATION**

FULL LEGAL NAME:

DATE OF BIRTH:   SOC. SEC. NO.:

DRIVERS LICENSE NO: ISSUING STATE:

**CONTACT INFORMATION**

CURRENT STREET ADDRESS:

CITY: STATE: ZIP:

HOME: WORK:

CELL:   E-MAIL:

EMPLOYER:

 ADDRESS:

CITY: STATE: ZIP:

JOB TITLE: INCOME: Hourly  Monthly Yearly 

**TYPE OF CRIMINAL MATTER:**

**CHARGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURT DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLEGED FACTUAL BASIS OF CHARGES**

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**PRIOR CRIMINAL HISTORY:**

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WHERE DID YOU HEAR ABOUT QUINDE & ASSOCIATES, LLC?

HAVE YOU APPEARED IN COURT ON THIS CASE? Yes  No 

DO YOU HAVE SPECIAL CONDITIONS OF BOND? Yes  No 

DO YOU HAVE COPIES OF ANY DOCUMENTS RELATED TO THIS MATTER? Yes  No 

IS DOMESTIC VIOLENCE AN ISSUE IN THIS MATTER? Yes  No 

IF YES, PLEASE DESCRIBE, INCLUDING ANY INCIDENT DATES, LAW ENFORCEMENT ACTIONS, AND COURT DATES.