



Criminal History Intake Form

| Contact Person Information: | |
|---|----------------------------|
| Contact Person: | Contact Phone Number: |
| Contact email: | Contact Cell Phone Number: |
| Did someone refer you to Murphy Law Firm? | |

| Immigration Client Information: | | |
|---|---------------------------|-----------------------|
| Last Name: | First Name: | Alien Registration #: |
| Home Phone: | Cell Phone: | Work Phone: |
| Address (Street address) (Apt. No.) | | |
| City, State, Zip Code | | |
| What language(s) does the Client speak? | | |
| Client's Occupation | Client's Current Employer | |

| Client's Current Criminal and Immigration Situation | | |
|--|--|--------|
| Current Status <input type="checkbox"/> Not in Custody <input type="checkbox"/> In Criminal Custody <input type="checkbox"/> In Immigration Custody | Correctional Facility: (name, county, state) | |
| If you are currently in criminal custody, what is the scheduled release date? | | |
| What is your country of citizenship? | In what country were you born? | |
| Are you currently in deportation or removal proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes | Next Court Date: | |
| Do you currently have an immigration attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes | Name: | Phone: |
| Do you currently have a criminal defense attorney or public defender? <input type="checkbox"/> No <input type="checkbox"/> Yes | Name: | Phone: |
| Briefly describe the immigration problem you are having and would like Murphy Law Firm to assist you with. | | |

| Criminal Conviction (If you have more than one conviction, start with the oldest and end with the most recent.) | | |
|--|--|--|
| Date Offense* Committed | City and State of Arrest | County of Arrest |
| Please give a brief description of the events that led to your arrest, and list all charges brought against you. | | |
| What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____ | | |
| Date of Plea/Verdict | <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial | |
| Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a) | | |
| Count 1: | Count 2: | Count 3: |
| Count 4: | Count 5: | Count 6: |
| Date of Sentence* | Length of sentence? (include probation & parole.) | Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison |
| How much time did you actually serve in custody? | Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes | What was the result of your appeal? | |
| If you violated probation or parole, please fill out a separate Conviction Information section for that violation. | | |

Criminal History Intake Form (cont.)

| Second Criminal Conviction | | |
|--|--|--|
| Date Offense* Committed | City and State of Arrest | County of Arrest |
| Please give a brief description of the events that led to your arrest, and list all charges brought against you. | | |
| What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____ | | |
| Date of Plea/Verdict | <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial | |
| Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a) | | |
| Count 1: | Count 2: | Count 3: |
| Count 4: | Count 5: | Count 6: |
| Date of Sentence* | Length of sentence? (include probation & parole.) | Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison |
| How much time did you actually serve in custody? | Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes | What was the result of your appeal? | |

| Third Criminal Conviction | | |
|--|--|--|
| Date Offense* Committed | City and State of Arrest | County of Arrest |
| Please give a brief description of the events that led to your arrest, and list all charges brought against you. | | |
| What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____ | | |
| Date of Plea/Verdict | <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial | |
| Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a) | | |
| Count 1: | Count 2: | Count 3: |
| Count 4: | Count 5: | Count 6: |
| Date of Sentence* | Length of sentence? (include probation & parole.) | Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison |
| How much time did you actually serve in custody? | Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes | What was the result of your appeal? | |

| Fourth Criminal Conviction | | |
|--|--|--|
| Date Offense* Committed | City and State of Arrest | County of Arrest |
| Please give a brief description of the events that led to your arrest, and list all charges brought against you. | | |
| What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____ | | |
| Date of Plea/Verdict | <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial | |
| Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a) | | |
| Count 1: | Count 2: | Count 3: |
| Count 4: | Count 5: | Count 6: |
| Date of Sentence* | Length of sentence? (include probation & parole.) | Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison |
| How much time did you actually serve in custody? | Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes | What was the result of your appeal? | |