



0431 666 741



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www.dflawyers.com.au



PO Box 4417 Winmalee NSW 2777

Criminal Law Client Intake Form

Personal Information

Full Name:		Date of Birth:	
Residential Address:			
Phone Number:		Email Address:	
Occupation:		Duration in Current Occupation:	
Dependents (e.g., children, elderly family members):			

Legal Matter Details

Date of Arrest:				
Charges Filed Against You:				
Court Handling Your Case:				
Next Scheduled Court Date:				
Bail Conditions:				
Can you comply with the bail conditions set by police or the court?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there an ADVO (Apprehended Domestic Violence Order)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you comply with the conditions as set by the police on a provisional order?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any other outstanding court matters currently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently on any community-based orders?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you previously received a Community Correction Order or Intensive Correction Order (ICO)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Education

Highest Level Achieved (tick all that applies):	<input type="checkbox"/>	High School
	<input type="checkbox"/>	Trade Qualification
	<input type="checkbox"/>	University Degree
	<input type="checkbox"/>	Other



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Health and Wellbeing

Have you ever experienced any of these conditions?	<input type="checkbox"/>	Physical injuries
	<input type="checkbox"/>	Mental health conditions
	<input type="checkbox"/>	Depression
	<input type="checkbox"/>	Stress
	<input type="checkbox"/>	Anxiety
	<input type="checkbox"/>	None of the above
If yes, please provide brief details:		

Medical Contacts

General Practitioner (GP):	
Psychologist/psychiatrist:	
Other Medical Providers:	

Financial Information

Income:		Fortnightly:		Monthly:	
Outgoings (e.g., rent, loans, bills):					
Debts:					

Driver's License

Do you currently hold a driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is retaining your license critical for:	<input type="checkbox"/>	Employment		
	<input type="checkbox"/>	Family responsibilities		
	<input type="checkbox"/>	Others:		
Please explain why maintaining your license is important:				

Effect of Criminal Conviction

What impact would a criminal conviction have on your life?
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Write a summary of your criminal history and Traffic history.

Additional Information

How did you hear about our firm?

Any other information you believe is relevant:

Solicitor's Cost Estimate & Trust Account Acknowledgment

The solicitor handling your matter will provide a **cost estimate** based on the initial review of your case and circumstances. This estimate will outline the anticipated professional fees and disbursements.

By signing below, you acknowledge:

- The firm may request payment of funds to be deposited into the Law Firm **Trust Account** as an **advance against professional fees and disbursements**.
- That further communication will be provided if additional funds are required.
- This does **not constitute a fixed quote**, and actual costs may vary depending on the complexity and progress of the matter.

Client Acknowledgment

☐

I acknowledge and agree to the above terms regarding legal costs and payments into trust.

Declaration

I confirm that the information provided above is accurate to the best of my knowledge.

Signature:

Date: