

FPD Intake Form

Attorney

Intake Date

Location

Full Name

DOB Place of birth SSN

Street Address

City State ZIP

Phone #s

Email / Social Media

ALT Contact (Name & Number)

Permission to contact

Interviewer

Interpreter Required

Gender

Race / Ethnicity

Other please specify

Citizen

Lawful Permanent Resident

Prior Deportation

Section 8 Housing

Housing Assistance

EDUCATION

How far in school?

High School / GED

Currently in school?

Literate

Current School loans

Student Loan Debt

FAMILY

Spouse/Significant Other's Name

Children

Contact info

Permission to contact

Benefits (Food stamps, etc)

Custody Proceedings

Child Support

Arrears

EMPLOYMENT

Current or last employer name and address

Contact

Employment History (Where / Dates?)

Job at risk?

Unemployment

SSI

Social Security (SSDI)

Licenses / Cert (at risk?)

Drivers License Status

NOTES and other benefits

MILITARY

Branch/Dates

VA Benefits

DD 214

MEDICAL and MENTAL

Medical Issues

Health Insurance

Needs Medications

Treatment

Medications

Mental Health
History

Needs Medications

Presents as
mentally Unstable

Treatment

Medications

Prior Alcohol/Drug
History

Needs Medications

Prior Alcohol/Drug
Treatment

CRIMINAL HISTORY

Revocation Proc

Warrants

Holds

On supervision

Convictions

Notes

Pending Cases

FEDERAL CASE

Date of Arrest

Property
Release

Detention Length in days

Search Warrant

RELEASE PLAN

Where/
Who With

Notes

Release
forms to:

ADDITIONAL NOTES