

**Law Offices of David D. Diamond**

(Please Print)

| CLIENT INFORMATION   |                                  |   |                                       |  |  |  |  |
|--|----------------------------------|---|---------------------------------------|--|--|--|--|
| Client's Last Name:  |                                  | First:                                      | Middle:                               | Married? ____<br>Single? ____            | To remind you of your case status, please provide Email Address: |  |  |
| Is this your legal name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If not, what is your legal name? | (Former name):                              |                                       | Birth date: ____/____/____               | Age:   | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |  |
| Street address:  |                                  |   | Social Security no.: (Last 4)         | Home phone no.:<br>( )                   |  |  |  |
| City:  |                                  | State:                                      |                                       | Zip Code:                                | Cell phone no.:<br>( )   |  |  |
| Occupation:  |                                  | Employer:                                   |                                       | Employer phone no.:<br>( )               |  |  |  |
| Referred by (please check one box): <input type="checkbox"/> Internet  |                                  | <input type="checkbox"/> Other lawyer       |                                       | <input type="checkbox"/> Previous Client |  | <input type="checkbox"/> Family/Friend                     |  |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Atty    | <input type="checkbox"/> Prior Convictions? | <input type="checkbox"/> U.S. Citizen | Court Date for New Case:                 |  |  |  |
| Do we have permission to: Leave a message on your answering machine at home? ____Yes____No<br>Detailed info?____or Just Phone#?____<br>Leave a message at your place of employment?____Yes____No<br>Detailed info?____or Just Phone#?____<br>Discuss your legal matter with any member of your household?____Yes____No<br>If yes, whom?____Relationship?____ |                                  |   |                                       |  |  |  |  |

| ARREST INFORMATION                  |           |                                |                                 |                                |                                |                      |           |
|-------------------------------------|-----------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|----------------------|-----------|
| <b>NOTES/DETAILS:</b>               |           |                                |                                 |                                |                                |                      |           |
| Location of Arrest:                 |           | Arrest Date: ____/____/____    |                                 | Police Agency:                 |                                | Detective/Officer: I |           |
| Bail? ____                          |           | Amount: ____                   |                                 |                                |                                |                      |           |
| Court Date:                         | Case No.: | Name of Character Reference:   |                                 |                                |                                | Phone No.:<br>( )    |           |
| Please indicate immigration status: |           | <input type="checkbox"/>       |                                 |                                |                                |                      |           |
| Prior Convictions:                  |           | County/City:                   |                                 | Date: ____/____/____           | Punishment:                    | Other Priors:        | Quote: \$ |
| Your relationship to Client:        |           | <input type="checkbox"/> Self  | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Other |                      |           |
| Credit Card Type:                   |           | CC Number:                     |                                 |                                |                                | Exp Date:            | CW.:      |
| Intended Method of Payment          |           | <input type="checkbox"/> Check | <input type="checkbox"/> Cash   | <input type="checkbox"/> CC    | <input type="checkbox"/> Other |                      |           |

**NOTICE OF CONFIDENTIALITY AGREEMENT**

PLEASE NOTE THAT ALL COMMUNICATIONS ARE CONFIDENTIAL AND WILL NOT BE COMMUNICATED TO ANY OTHER PARTY.

**PLEASE FAX THIS FORM TO 213 250 9161 OR E:MAIL TO DIAMOND@LADEFENDER.COM**

| IN CASE OF EMERGENCY                                       |  |                    |                         |                      |
|--|--|--------------------|-------------------------|----------------------|
| Next of kin/friend (not living at same address):           |  | Home Phone Number: | Relationship to Client: | Work/Cell phone no.: |
| The above information is true to the best of my knowledge. |  |                    |                         |                      |
| Signature  |  |                    | Date                    |                      |