



# The Law Office of Paul Whitcombe

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Paul T. Whitcombe, J.D.

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## CRIMINAL INTAKE SHEET

Consultation Date: \_\_\_\_\_ Consult Fee: \$100 \_\_\_ Quote: \_\_\_\_\_

Type of Case: \_\_\_\_\_ County: \_\_\_\_\_ Charges: \_\_\_\_\_

## CLIENT INFORMATION

Client Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Phone #: \_\_\_\_\_ Client E-mail: \_\_\_\_\_  
(Required)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

## OPPOSING PARTY INFORMATION

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place & Address of Employment: \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly \_\_\_ Bi-Weekly \_\_\_ Semi-Monthly \_\_\_ Monthly \_\_\_

**OTHER INFORMATION**

Does your case involve any allegations in the following list?

Please check all that apply:

Physical Violence: Yes  No

Has an Order of Protection been issued? Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Record: Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Excessive Alcohol Use: Yes  No  Are you in treatment? Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adultery: Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use of Illegal Drugs: Yes  No  Are you in treatment? Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child Abuse: Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Problems: Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Abuse: Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

