

**LAW OFFICES OF JAMES AND STAGG, PLLC
ATTORNEYS AND COUNSELORS AT LAW**

**Attorney, Fay R. James
Attorney, R. Nicole Stagg
The Binz Building
1001 Texas Avenue, Suite 500
Houston, Texas 77002**

Telephone: (713) 223-5811

Facsimile: (713) 223-1416

www.jamesandstagg.com

CRIMINAL INFORMATION SHEET

Please fill out all of the information required to the best of your knowledge. The more information you provide, the more we can help you. Please be very specific in your answers.

Today's Date _____
(Fecha)

How Did You Hear About Us? _____
(Como Se Entero de Nostros?)

YOUR INFORMATION
(INFORMACION)

Name

(First, Middle, Last) (Nombre Completo)

Address

(Direccion) City(Cuidad) State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____

(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ **Social Security Number** _____

(Fecha de Nacimiento) (Numero Social)

Place of Birth: City _____ **State** _____ **Country** _____

(Donde Nacimiento?) (Estado)

Race _____

Driver's License No. _____ **State** _____

(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Employer Address _____
(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Email Address: _____

Bonding Company: _____
(Name) (Tel:)

Emergency Contact: _____
(Name) (Tel:)

YOUR SPOUSE'S INFORMATION
(INFORMACION DE ESPOSO)

Spouse's Full Name _____
(First, Middle, Last) (Nombre Completo de Esposo)

Address _____
(Direccion) City(Cuidad) State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____
(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ **Social Security Number** _____

Place of Birth: City _____ **State** _____ **Country** _____
(Donde Nacimiento) (Estado)

Race _____

Driver's License No. _____ **State** _____
(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Employer Address _____

(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Who can we contact in case of an emergency
(Persona que podemos)

Name (Nombre)

Address (Direccion) Phone (Numero)

Do you have any children? _____ **If yes, how many?** _____
(Hijos?) (Cuanto?)

Date the incident occurred _____/_____/_____
(Fecha de incidente)

Describe the incident for which you are seeking relief.
(Describe el incidente)

What type of relief are you seeking?

What charges have been filed against you?

What is your criminal background (including juvenile record) Please include charge, sentence, and date?

Describe the following regarding your arrest: (Date of Arrest, Time, Location, Place of Arrest, circumstances regarding your arrest, name of arresting officer, department/agency of arresting officer.)

Were there any witnesses, if so, please provide their name, telephone number, address, and what they witnessed.

Name of Bondsman/Company: _____
Telephone number: _____
Address: _____

Other person(s) arrested: Include name, telephone number, and address:

Their attorney if known, include name, telephone number, and address:

Please provide any other relevant information:
