

NAME OF CLIENT: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ Email: _____

Attorney Appointed: _____

Date Appointed: _____ Date Attorney Received: _____

Client in Custody: Yes _____ No _____

-----Attorney Portion-----

Case Number	Charge(s)	Date of Offense	Date of Disposition	Disposition

First Contact with Client: (within 72 hours)

In Person: _____ Minutes Spent: _____

By Phone: _____ Minutes Spent: _____

Other: _____ Minutes Spent: _____ Other Explanation _____

Competency: Yes _____ No _____ Immigration Declaration Signed: _____

Evaluation: _____ Interpreter: _____ Investigator: _____ Expert Witness: _____

Motion Type	Motion Date	Motion Result

Trial Type	Trial Date	Trial Result

Additional Time Spent:

Time	Date	Activity