

CASE NUMBER: _____ CHARGE: _____

**MARGARET YOUNG BROWN, LLC
ATTORNEY AT LAW**

CRIMINAL INITIAL INFORMATION SHEET/FEE CONTRACT

DATE: _____ SS#: _____ D/O/B: _____

FULL NAME: _____ EMPLOYER: _____

MAILING ADDRESS: _____

HOME PH: _____ WORK PH: _____ CELL: _____ TEXT Y/N

EMAIL ADDRESS: _____ PREFERRED METHOD OF CONTACT: _____

EMERGENCY CONTACT NAME: _____ PH #: _____

PEOPLE YOU GIVE PERMISSION TO SPEAK WITH RE: CASE DETAILS: _____

CHARGE/CHARGES (BE SURE TO LIST ALL CHARGES): _____

ARRESTING AGENCY: _____ DATE OF ARREST: _____ COURT DATE: _____

ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY: YES NO IF SO, NAME OF ATTORNEY: _____

HAVE YOU CONSULTED WITH ANOTHER ATTORNEY: YES NO IF SO, NAME OF ATTORNEY: _____

*****STOP HERE*****

OFFICE USE ONLY BELOW

TOTAL FEE: _____

TO BE PAID AS FOLLOWS:

\$ _____ DOWN PAYMENT PAID ON THIS THE _____ DAY OF _____, 2022 AND \$ _____ PER WEEK/BI-WEEKLY/MONTH BEGINNING ON THE _____ DAY OF _____, 2022 AND CONTINING EACH WEEK/BI-WEEKLY/MONTH THEREAFTER UNTIL REMAINDER OF FEE IS PAID IN FULL.

I, THE UNDERSIGNED, UNDERSTAND THAT I AM LIABLE FOR PAYMENT IN FULL FOR ANY AND ALL SERVICES RENDERED ACCORDING TO THE TERMS OF THIS CONTRACT. I ALSO UNDERSTAND THAT IF I ENTER INTO A PAYMENT PLAN, SERVICES ON MY CASE MAY CEASE UNTIL PAYMENTS ARE CURRENT AND THE ATTORNEY MAY WITHDRAW AT ANY TIME THAT I AM IN DEFAULT ON PAYMENTS. I UNDERSTAND ALL COURT COSTS AND EXPENSES MUST BE PAID BY ME AND ARE NOT PAID BY THE ATTORNEY OR WITH MY ATTORNEY FEE FUNDS.

I, THE UNDERSIGNED, UNDERSTAND THAT THIS IS NOT FOR ANY APPEAL OR OTHER PROCEEDING NOT SPECIFIED.

I, THE UNDERSIGNED, HEREBY WAIVE ALL EXEMPTIONS AS TO PERSONAL PROPERTY AND REAL PROPERTY AND AGREE TO PAY AN ATTORNEY FEE IF IT BECOMES NECESSARY FOR COLLECTION ACTION TO BE TAKEN. I ALSO UNDERSTAND THAT NO SERVICES WILL BE RENDERED UNTIL THIS DOCUMENT IS FULLY EXECUTED AND SERVICES MAY BE SUSPENDED IF THE PAYMENTS FOR SERVICES ARE NOT TIMELY MADE.

WITH KNOWLEDGE OF THE FOREGOING, I SET MY HAND AND SEAL THIS DAY

THE _____ DAY OF _____, 2022.

WITNESS

CLIENT

OTHER RESPONSIBLE PARTY: _____ RELATIONSHIP TO CLIENT: _____

CASE NUMBER: _____ CHARGE: _____

AGE AT TIME OF ARREST: _____ PRIOR CONVICTIONS: YES NO

IF YOU HAVE PRIOR CRIMINAL HISTORY (CONVICTIONS ONLY), LIST ALL PRIORS:

ARRESTING AGENCY	CHARGE	YEAR	SENTENCE
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IF ARRESTED FOR DUI, DID YOU BLOW? YES NO IF YES, LEVEL: _____

IF CHARGED WITH DUI, LIST ALL PRIOR DUI CONVICTIONS:

ARRESTING AGENCY	YEAR	SENTENCE
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DID YOU MAKE A STATEMENT TO POLICE? YES NO WRITTEN OR ORAL

DO YOU HAVE ANY WITNESSES? YES NO

NAME	ADDRESS	PHONE NUMBER
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DATE

DEFENDANT'S SIGNATURE

WITNESS