



MURPHY LAW FIRM

IMMIGRATION & NATIONALITY LAW

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Criminal History Intake Form

Contact Person Information:	
Contact Person:	Contact Phone Number:
Contact email:	Contact Cell Phone Number:
Did someone refer you to Murphy Law Firm?	

Immigration Client Information:		
Last Name:	First Name:	Alien Registration #:
Home Phone:	Cell Phone:	Work Phone:
Address (Street address) (Apt. No.)		
City, State, Zip Code		
What language(s) does the Client speak?		
Client's Occupation	Client's Current Employer	

Client's Current Criminal and Immigration Situation		
Current Status <input type="checkbox"/> Not in Custody <input type="checkbox"/> In Criminal Custody <input type="checkbox"/> In Immigration Custody	Correctional Facility: (name, county, state)	
If you are currently in criminal custody, what is the scheduled release date?		
What is your country of citizenship?	In what country were you born?	
Are you currently in deportation or removal proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes	Next Court Date:	
Do you currently have an immigration attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name:	Phone:
Do you currently have a criminal defense attorney or public defender? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name:	Phone:
Briefly describe the immigration problem you are having and would like Murphy Law Firm to assist you with.		

Criminal Conviction (If you have more than one conviction, start with the oldest and end with the most recent.)		
Date Offense* Committed	City and State of Arrest	County of Arrest
Please give a brief description of the events that led to your arrest, and list all charges brought against you.		
What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____		
Date of Plea/Verdict	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial	
Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a)		
Count 1:	Count 2:	Count 3:
Count 4:	Count 5:	Count 6:
Date of Sentence*	Length of sentence? (include probation & parole.)	Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison
How much time did you actually serve in custody?	Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes	What was the result of your appeal?	
If you violated probation or parole, please fill out a separate Conviction Information section for that violation.		

Criminal History Intake Form (cont.)

Second Criminal Conviction		
Date Offense* Committed	City and State of Arrest	County of Arrest
Please give a brief description of the events that led to your arrest, and list all charges brought against you.		
What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____		
Date of Plea/Verdict	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial	
Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a)		
Count 1:	Count 2:	Count 3:
Count 4:	Count 5:	Count 6:
Date of Sentence*	Length of sentence? (include probation & parole.)	Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison
How much time did you actually serve in custody?	Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes	What was the result of your appeal?	

Third Criminal Conviction		
Date Offense* Committed	City and State of Arrest	County of Arrest
Please give a brief description of the events that led to your arrest, and list all charges brought against you.		
What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____		
Date of Plea/Verdict	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial	
Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a)		
Count 1:	Count 2:	Count 3:
Count 4:	Count 5:	Count 6:
Date of Sentence*	Length of sentence? (include probation & parole.)	Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison
How much time did you actually serve in custody?	Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes	What was the result of your appeal?	

Fourth Criminal Conviction		
Date Offense* Committed	City and State of Arrest	County of Arrest
Please give a brief description of the events that led to your arrest, and list all charges brought against you.		
What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____		
Date of Plea/Verdict	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Jury Trial <input type="checkbox"/> Convicted by Court Trial	
Please list all the charges of which you were convicted, and include the Penal Code or Statute number for each charge. (Name of Offense) Statute* (Code Number) EXAMPLE: Petty Theft PC 484(a)		
Count 1:	Count 2:	Count 3:
Count 4:	Count 5:	Count 6:
Date of Sentence*	Length of sentence? (include probation & parole.)	Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison
How much time did you actually serve in custody?	Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Did you appeal* your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes	What was the result of your appeal?	