

Date:

Time:

Your name:

ARRESTEE INTAKE FORM

Information to collect over the phone - (*) is most important			
Personal		Arrest	
* First name		Arrest date	
* Legal last name		Time of arrest	
Preferred name		* Incident	
* Date of birth			
Gender ID		Location	
Phone 1		Charge(s)	
Email		Arresting officer	
Address		Badge #	
City, State, Zip		Incident ID#	
Medical		Citation #	
* Med conditions		Witness name	
		Witness phone #	
Medications & dosage/instruct.		Jail	
		Facility	
		Booking #	
Doctor name		Exact location	
Doctor phone		Court Dates	
Notes		Location	date
		Location	date
Outside Support		Lawyer	
Affinity Group (AG)		Name	
(AG) Support Person		Agency	
Support contact		Phone	
Notes			