

**FAY ARFA
A LAW CORPORATION
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CLIENT INFORMATION

NAME: _____

AGE: _____ **DATE OF BIRTH:** _____

CDC NUMBER: _____

CURRENT ADDRESS: _____

**NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON WHO WILL ALWAYS
KNOW HOW TO LOCATE YOU:** _____

WHAT CHARGES WERE YOU CONVICTED OF? _____

**ARE YOU SERVING TIME FOR ANYTHING OTHER THAN YOUR CONVICTION IN
THIS CASE? Yes ___ No ___ If yes, what are the charges?** _____

What county? _____

ARE THERE ANY HOLDS ON YOU FOR OTHER CHARGES? Yes____ No____ If

yes, what are the charges? _____

What county? _____

HAVE YOU MADE A DEMAND FOR A TRIAL IN ANY OTHER PENDING CASE?

Yes____ No____ If yes, when? _____

What are the charges? _____

What county? _____

WHY WERE YOU CONVICTED IN THIS CASE? _____

DID YOU GET A FAIR TRIAL? Yes____ No____ If not, why not? _____

IF YOU HAD TO DO YOUR TRIAL OVER AGAIN, WHAT WOULD YOU DO DIFFERENT? _____

DID YOU GET A FAIR SENTENCE? Yes _____ No _____ If not, why not? _____

WHAT DO YOU WANT FROM YOUR APPEAL? _____

ANY OTHER QUESTIONS OR COMMENTS: _____

