

**FAY ARFA  
A LAW CORPORATION  
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**CLIENT INFORMATION - HABEAS CORPUS**

**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 OFFENSES WERE YOU CHARGED WITH:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WHAT OFFENSES WERE YOU CONVICTED OF?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE OF CONVICTION:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**LOCATION OF COURTHOUSE WHERE YOUR TRIAL WAS HELD:** \_\_\_\_\_

\_\_\_\_\_

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**HOW MANY DAYS WAS YOUR JURY TRIAL:**

\_\_\_\_\_

**WHO WAS YOUR TRIAL ATTORNEY:**

\_\_\_\_\_

**DID YOU HAVE A PUBLIC DEFENDER:**

\_\_\_\_\_

**WHY WERE YOU CONVICTED IN THIS CASE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**DID YOU GET A FAIR TRIAL?** Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not: \_\_\_\_\_

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\_\_\_\_\_



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**HOW DO YOU INTEND TO PAY FOR YOUR HABEAS CORPUS PETITION? \_\_\_\_\_**

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**HAVE YOU EVER FILED ANY STATE HABEAS PETITIONS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,**  
when and where were the State petitions filed? \_\_\_\_\_

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**HAVE YOU EVER FILED ANY FEDERAL HABEAS PETITIONS? Yes \_\_\_\_\_ No \_\_\_\_\_ If**  
yes, when and where were the Federal petitions filed? \_\_\_\_\_

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**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? \_\_\_\_\_

**ANY OTHER QUESTIONS OR COMMENTS:** \_\_\_\_\_

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