



THE LAW OFFICE OF  
CHAYE R. SMITH, PLLC

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## SEAL OR EXPUNGE CLIENT INTAKE FORM

Welcome to the Law Office of Chaye R. Smith, PLLC. To help us serve you effectively, we ask that you complete this Client Intake Form prior to your first consultation. The information you provide will give us the essential background to understand your unique situation, and check your eligibility to have a criminal history record sealed or expunged under Florida law. All information will be kept strictly confidential.

**DATE:** \_\_\_\_\_

**CLIENT'S FULL NAME:** \_\_\_\_\_

**MAIDEN/FORMER NAME (if applicable):** \_\_\_\_\_

**ALIASES OR OTHER NAMES USED:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SOCIAL SEC. NO.:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:**

Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**PREFERRED CONTACT NUMBER (circle one):**

Home   Cell   Work

**EMAIL:** \_\_\_\_\_

**Email Communication & Transmission Consent**

\_\_\_\_\_ I consent to the law firm transmitting documents, pleadings, messages and other relevant case material/information to the above email address.

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_ Search Engine    \_\_\_\_\_ Social Media

\_\_\_\_\_ Advertisement    \_\_\_\_\_ Referral

\_\_\_\_\_ Other \_\_\_\_\_

**CASE INFORMATION:**

**COUNTY OF ARREST:** \_\_\_\_\_

**ARRESTING AGENCY :** \_\_\_\_\_

**DATE OF ARREST:**    \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANOTHER CRIME IN FLORIDA OR ANY OTHER STATE AT ANY TIME IN YOUR LIFE?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**IF SO, LIST HERE:** \_\_\_\_\_

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

**REASON FOR SEEKING TO SEAL OR EXPUNGE YOUR RECORD**

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

**ADDITIONAL INFORMATION OR COMMENTS YOU THINK ARE NECESSARY TO SHARE.**

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

## **CONSULTATION TERMS AND CONDITIONS**

**Purpose.** The purpose of the initial consultation with our firm is for us to: (a) learn about you and your particular legal needs based on the information you provide; (b) answer your questions to the best of our ability; (c) identify your options and, to the extent possible, analyze the costs and benefits of alternatives; (d) help you determine your course of action, if any; and (e) discuss our fees and terms of representation if an attorney-client relationship is to be established after the consultation.

**Confidentiality.** All information and documents that you provide to us at the consultation shall remain strictly confidential, whether or not you decide to retain us to provide legal services, except as authorized by you or otherwise provided under the applicable Rules of Professional Conduct or other law.

**Limited Scope.** No attorney-client relationship is intended to be established by the consultation. The consultation is a limited scope service provided by us to help you determine whether you may want to retain us to provide legal services. At the conclusion of the consultation, there is no obligation for you to retain us, nor do we have an obligation to provide services to you, unless mutually agreed.

**Advance Fee Agreement Required.** Following the consultation, if you agree to retain us, and if we agree to provide services to you, then we will prepare a separate, more detailed Fee Agreement to be executed by both parties. The Fee Agreement will set forth the terms and conditions of our representation of you, including our fees and the specific services to be performed by us.

**Consultation Fee.** If you do not retain us, you are responsible to pay a consultation fee at the rate of \$250.00 per hour for the in-office consultation with the attorney.

I understand and agree to the terms and conditions set forth above concerning my consultation meeting, and I understand that this meeting is limited in scope and will not establish an attorney-client relationship.

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Printed Name

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Signature

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Date