



The Law Office of Roland R. Esparza, P.C.
Attorneys and Counselors at Law

Roland R. Esparza
Attorney at Law

Amanda L. Muth
Associate Attorney

EXPUNCTION INTAKE FORM

ATTORNEY-CLIENT FEE AGREEMENT—NON-REFUNDABLE RETAINER

Today's Date: _____

Client's printed name as in DL: _____

Date of Birth: _____ Age: _____ DL NO.: _____ STATE _____

Full Social Security Number: _____ Race: _____

Physical Address of Client: _____
(Please include zip code) _____

Mailing Address: _____

Address at the time of the Arrest: _____

All Telephone numbers of Client:
Home: _____ Work: _____ Cell: _____
Employer: _____ Occupation: _____

Client Criminal Offense(s) to be Expunged:

Case #: _____ Court No. _____ Offense _____

SID# _____ TRN# _____

Date of Arrest: _____ Arresting Agency: _____

Dismissal Date: _____ Reason for Dismissal: _____
(i.e. missing witness, PTD, etc.)

Case # _____ Court No. _____ Offense _____

SID #: _____ TRN# _____

Date of Arrest: _____ Arresting Agency: _____

Dismissal Date: _____ Reason for Dismissal: _____
(i.e. missing witness, PTD, etc.)