

Client Questionnaire

Personal Information

Full name:

Other names you have used (including nicknames/street names):

Address:

City/State/Zip:

Cell Phone:

Emergency number:

Email:

Date of Birth:

Driver's License #:

Are you a gun owner?

Family Information

Marital Status

Spouse/Significant Other's Name (if married or living together)

Permission to discuss your case with them: Yes _____ No _____

If there is anyone that you would allow us to discuss your case with, please list their name, phone number, and relation to you:

Do you have children or stepchildren?

If yes, list each child's name, date of birth, relationship, and who has custody/guardianship:

Income/Employment Information

Job Skills:

Employer:

Address:

Phone Number:

Job Title:

How long have you been employed with this employer?

Hours worked per week:

Salary:

How many people do you support with your income? Adults: _____ Children: _____

Have you reported your arrest to your employer?

Other sources of income (child support, family, annuity, etc)

Have/are you in the Armed Service?

Branch: _____ Length of Service: _____

Type of discharge:

Education Information

Where did you attend high school?

Did you graduate/get your GED? If yes, when?

Did you attend technical school/college?

If yes, where/date graduated/degree earned?

General Health Information

Please list any current or former health problems:

If under doctor's care, name and address of doctor:

Have you ever received a diagnosis of mental illness – if so, please identify diagnosis:

Do you currently have (or had in the past) an alcohol or other substance abuse problem?

Have you received mental health or substance abuse treatment/counseling – please describe:

Is there a history of family violence or abuse in your past - if so please explain:

Are you currently taking medication? If yes, please list what medication you are taking and what it is for:

Have you taken any psychological medication in the past- if yes, what type?

Are there any major life events that you would like to share? (Positive or negative)

How did this event(s) impact you?

Any other general health concerns?

Citizenship Information

Are you a U.S. citizen?

If no, what is your immigration status?

How long have you been in the U.S.?

Have you ever been removed from the U.S. or been refused admission?

If yes, where and for what crimes

Facts of this Case

Date/time/location of arrest:

Date/location of alleged crime:

Did the police have an arrest or search warrant?

What charges are currently pending against you (including all charges in all counties)?

Who arrested you (officer's name, agency)?

Were any of the following scientific tests made after arrest?

Blood test: YES/NO

Urine sample: YES/NO

Hair sample: YES/ NO

Fingerprints: YES/NO

Photographs: YES/NO

Voice exemplars: YES/ NO

Handwriting exemplars: YES/NO

Swabs: YES/NO

Was your property searched at the time of arrest? (If yes, explain)

Were you searched at the time of your arrest? (If yes, explain)

Did the police keep anything they found? (If yes, explain)

Were you read your Miranda rights (informing you that you have the right to remain silent, you have the right to an attorney, etc.) at the time of your arrest? (If yes, explain

What statements (if any) did you make to law enforcement? If yes, was that statement recorded and do you feel that the statement was voluntarily given?

At any time before or after your arrest, did you ask to speak to an attorney? If yes, was one provided to you/what is the attorney's name?

Have you discussed the details of your arrest with anyone else?

Describe the order of events leading up to the arrest:

How do you wish to plead to these charges (guilty/not guilty/no contest/to be determined)?

Do you have a court date scheduled? If yes, what is the date and time?

Was anyone else arrested or charged for the incident that resulted in your arrest (co-defendant)?

Are there any witnesses to the incident resulting in your arrest?

Are there any alibi witnesses?

Are there any witnesses who have knowledge of facts that would be useful or important to bring out in your defense, or which the state's attorney might call against you?

Prior Criminal Record

Please list any prior arrest (adult or juvenile), including charge, date, county and sentence (if convicted or placed on deferred adjudication):

Are you currently on probation/parole because of any of these cases? If yes, list name and location of probation/parole officers:

Other

Please list any other information you think I should know/that may be of value to your case: