

CRIMINAL/TRAFFIC
CLIENT QUESTIONNAIRE

1. Client's Name: _____
Social Security Number: _____
Home Address: _____
 (Street)

 (City) (State) (Zip)
County: _____
Age: _____ Date of Birth: _____ Place of Birth: _____
Home Phone: _____ Office Phone: _____
E-Mail: _____ Fax Number: _____
Citizen Of: _____
Mailing Address: c/o _____
(If different (Street)
from above) _____
 (City) (State) (Zip)

2. Person(s) Living At Same Household:
Name: _____
Relationship: _____
Name: _____
Relationship: _____
Name: _____
Relationship: _____

3. Referred By: _____
(Name) (Address)

4. Incarcerated: _____ Where: _____ Dates: _____

Bail Amount: _____ Bondsmen: _____

Persons Interested in Defendant (to be kept advised)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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Consulted any other attorney: Yes: _____ No: _____

5. Charges:

<u>Offense:</u>	<u>Date of Week/Date/Time:</u>	<u>Place:</u>	<u>Victim:</u>	<u>Taken:</u>
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1.

2.

3.

4.

5.

Trial Date: _____

Place: _____

Time: _____

Co-Defendants:

_____ Attorney: _____

_____ Attorney: _____

6. Children: (List names, ages and occupations)

Mother: (List name, address, age and occupation)

Father: (List name, address, age and occupation)

Sisters and Brothers: (List names, address, age and occupation)

7. Employment:

Present Company: _____

Address: _____

Supervisor's Name: _____

Type of Work: _____

Wages: _____

Date of Employment: _____

Prior Employer:

Address: _____

Supervisor's Name: _____

Type of Work: _____

Wages: _____

Reason for Leaving: _____

8. Education: (List any vocational and other training)

9. Military: (Name of Discharge)

10. Health:

General Health: (Now under care of any doctor, get Medical Authorization)

Drugs: (List all programs and details, when did drug use start, show development)

Mental: (List all hospitalization and therapy, past and present – get Medical Authorization)

Medication: (List all medications being taken at time of incident. Check P.D.R. for adverse reactions)

11. Prior Criminal Record: (Date attained age 18 _____)
(Get Authorization)

Year: Charge: Disposition: Attorney:

Adult:

Juvenile:

Traffic (Serious):