

**CONFIDENTIAL CLIENT QUESTIONNAIRE**

Today's Date: \_\_\_\_\_ Referred to this office by: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_ (Call first? Yes  No )

Marital status: \_\_\_\_\_

If married or living together, name of spouse or partner: \_\_\_\_\_

If you have children or stepchildren **who live with you**, for each child, list the child's name, date of birth, relationship, and name of the other parent:

Name	Date of Birth	Child or Stepchild	Other Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have children **who do not live with you**, for each child, list the child's name, date of birth, name of other parent, and who has custody/guardianship of the child:

Name	Date of Birth	Name of Other Parent	Custody/Guardianship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you lost your parental rights as to any of the children listed above? Yes  No

If you have lost your parental rights, please list the names of the children for which your parental rights have been terminated: \_\_\_\_\_

For any of your children, is the other parent dead, missing, or incarcerated: Yes  No

If yes, please give details: \_\_\_\_\_

Are you required to pay child support? Yes  No

If you owe child support, for each case, list the county where the case was filed, the case number, and the amount you need to pay:

County	Case No.	Weekly Payment Amount	Are You Current?
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**FOR ATTORNEY USE ONLY:**

New Client Letter Sent: \_\_\_\_\_ Fee Quoted: \_\_\_\_\_ Paid: \_\_\_\_\_

**Alternate Contact Information:**

Name of Contact Person if we cannot reach you: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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**Your Employment Information:**

Current Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ (Circle one: Weekly / Bi-Weekly / Monthly)

What kind of work do you do? \_\_\_\_\_

How many people do you support with your income? \_\_\_\_\_ # of adults \_\_\_\_\_ # of children

List any professional or occupational licenses you have (e.g. plumbing license, CDL license): \_\_\_\_\_

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**Your Current Charges:**

Charge(s) filed against you: \_\_\_\_\_

Court in which the charge(s) is/are filed: \_\_\_\_\_

Were you arrested in this case? Yes  No  If yes, on what date were you arrested? \_\_\_\_\_

Did you post a bond in this case? Yes  No  If yes, on what date did you post the bond? \_\_\_\_\_

How much bond did you post? \_\_\_\_\_ Was you bond: Cash  Surety

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**Your Criminal Record:**

Whether you have a record, the kind of prior convictions, their date, and the type of offense can affect your sentence, if you are convicted now. Your record can also affect the outcome of this case. A criminal conviction may have occurred any time that you went to court and were fined, placed on probation, or sentenced to jail. The State has access to your entire criminal record and it is important that I have that information as well so I am able to represent you to the best of my ability.

Have you ever been charged or convicted, as a juvenile or adult, with a crime other than the current charge(s)?

Yes  No

If you have been charged or convicted of a crime before, please list every charge or conviction you have ever had, the date of the charge or conviction and the court in which you were charged or convicted. Please include convictions in other counties and states. Please include any juvenile cases, but mark them as juvenile offenses. Also include any case which resulted in you participating in a deferral or diversion program, even if you successfully completed the program or probation and the crime does not appear on your record.

Charge	Date	Were you convicted?	Court of Conviction
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Other than the current charge(s), do you have any other charge(s) pending against you? Yes  No  Maybe

If yes, what is/are the charge(s), when did you get charged and where is/are the charge(s) pending?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently on probation: Yes  No  Are you currently on parole: Yes  No

If yes to either probation or parole, list the conviction(s) that resulted in your probation or parole, when you were first placed on probation or parole, and when you are scheduled to be released from probation and parole.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your arrest, even without a conviction, may result in a violation of your probation or parole. You are required to report your arrest, or any new charges, to your probation officer or parole officer. Have you reported your arrest, or these charges, to your probation or parole officer? Yes  No

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**YOUR DRIVER'S LICENSE:**

Certain drug and alcohol convictions can affect your ability to get or keep a driver's license.

Do you currently have a valid driver's license: Yes  No

Do you need a driver's license for your job: Yes  No

List any moving violations or traffic tickets you have had, and the date of the violation/ticket:

Moving Violation/Ticket	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____