

CLIENT QUESTIONNAIRE

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Charge(s)	Place & Date of Interview
Referred to Office by Whom	

1. Full Name _____

Aliases _____

DOB _____ SS# _____ Place of Birth _____

AGE _____

2. Home Address _____

(Street, City, State, Zip Code)

Telephone (home) _____ (work) _____

Pager/Beeper _____ Other Numbers _____

3. Marital Status: Married; Divorced, Separated, Widowed; Never Married (Single)

3a. With Whom Do You Live, If Anyone: Name _____

Relationship: _____

Telephone (work) _____ Occupation _____

4. Children _____

5. Client's Employer _____

Work Address _____

Job Description _____

Length of Employment _____

Previous Occupation _____

6. Military Service _____

Medals, Awards, Type of Discharge, Discipline _____

7. **Organizations, Memberships** _____

8. **Disabilities** _____

9. **Medical History:**

Medications Currently Taking _____

Last Use Prior To Arrest _____

Physician(s) _____

Drug/Alcohol Abuse _____

Head Injuries _____

Psychiatric _____

Diseases _____

Smoke _____ Hearing Problems (Vertigo, etc.) _____

Glasses _____ Dentures _____

Leg/Arm/Back Injuries _____

Workers' Compensation Claims _____

Surgeries _____

10. **Education: Number of Years?** _____

Last School Attended: _____

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Trade School? _____

Other, G.E.D. _____

11. **Hobbies** _____

12. **Church** _____

Public Service Activities _____

13. **Parents' Names:** _____

Home Address: _____

Employment _____

Work Address _____

Job Description _____

Length of Employment _____

Previous Occupation _____

14. **Overview of Personal History:**

Parents: _____

Influences: _____

Goals: _____

Relationships: _____

Affect Of This Arrest: _____

Family's Reaction (Hostile/Supportive): _____

15. Prior Legal Actions Involved In:

Civil _____

Juvenile: _____

16. If You Have A Prior Arrest Record:

A. Jurisdiction/Date _____

Charges _____

Disposition _____

Plea/Trial/Counsel _____

Probation/Parole Status _____

Control Officer _____

B. Jurisdiction/Date _____

Charges _____

Disposition _____

Plea/Trial/Counsel _____

Probation/Parole Status _____

Control Officer _____

C. Jurisdiction/Date _____

Charges _____

Disposition _____

Plea/Trial/Counsel _____