

CRIMINAL
INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.L.#: _____

Client's D.O.B.: _____

How did you hear about our firm? _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

Defendant's Information

1. Marital Status: Married Separated Divorced Single

2. Spouse's name: _____

3. Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

4. Are you employed: Yes No.

5. If yes, list the name, address and telephone number of your employer:

6. What is the nature of your employment?

7. How long have you worked for this employer: _____

8. What is your annual income from employment? \$ _____

What is your income from other sources? \$ _____

9. Do you read, write and understand the English Language? ___Yes ___No.

10. Have you been diagnosed with an existing physical illness or disability? _____Yes _____No.

If yes, describe the nature of your physical illness or disability,
and provide the name of the treating physician: _____

11. Describe the nature of any illness or disability which has not been
diagnosed? _____

12. Do you have an existing mental illness or have you ever been diagnosed with a mental illness?
___Yes ___No.

If yes, describe the nature of your mental illness, present or past:

13. Have you ever been declared unfit to stand trial or legally incompetent?

_____ Yes _____ No.

If yes, what was the nature of that legal proceeding (i.e., civil, criminal, etc.) and what was the ultimate disposition of the case:

14. Are you under the care of a medical doctor or other healthcare practitioner?

_____ Yes _____ No.

If yes, list the name, address and telephone number of your doctor(s) or other healthcare practitioner(s):

15. Are you currently taking or should you be taking any prescribed medication? _____ Yes _____ No.

List the prescribed medications that you currently are taking, or should be taking, and list the conditions for which these medications have been prescribed:

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16. Are you addicted to alcohol or any prescribed medications or street drugs?

_____ Yes _____ No.

If yes, specify: _____

17. Have you ever been diagnosed with alcoholism or any other form of drug dependency?

____ Yes ____ No.

Pending Criminal and/or Traffic Cases

18. List any and all pending criminal and traffic cases. For each case, list the case number, the charge(s), the county in which the case has been filed and the current status of the case:

19. Are you free on bond for any pending criminal or traffic case(s)? ____ Yes ____ No.

If yes, what amount of bail was posted as a condition of your bond and who posted it? In addition, provide the name address and telephone number of the person who posted your bail:

20. List all upcoming scheduled court appearances for each pending case:

21. For each pending case, briefly describe what occurred at each prior court appearance:

22. With respect to each pending case, has anyone else been charged for the same criminal conduct for which you have been charged? ___ Yes ___ No.

If yes, the name, address and telephone number of each co-defendant, and if represented by counsel, the name of his/her attorney:_____

23. Are you currently completing a sentence of supervision, probation, conditional discharge, periodic imprisonment or mandatory supervised release (parole)? ___ Yes ___ No.

If yes, list the county where you were prosecuted, the nature of the offense for which you were placed on supervision, probation, conditional discharge, periodic imprisonment or mandatory supervised release, your projected completion date and the name of your probation officer or parole agent:

Arrest Information

24. List the date, time and location of your arrest: _____

25. What law enforcement agency arrested you? _____

26. What is the name and rank of arresting officer(s):

27. What were you charged with. _____

28. List the names, addresses and telephone numbers of any individuals who are or might be witnesses to the alleged criminal conduct for which you were arrested:

29. Were you arrested and taken into custody by the police? ___Yes ___No.

30. If you were arrested and taken into custody, were you informed of your Miranda rights by a police officer? ___Yes ___No.

31. Did you make any statements to the police at any time? ___Yes ___No.

If yes, when and where did you make the statements and what did you tell the police?

32. Have you discussed the facts of the case with anyone else: _____ Yes _____ No.

If yes, with whom, where, and what did you tell them? _____

33. Were you under the influence of alcohol or illegal drugs at the time of your arrest or at the time you made any statements to the police? _____ Yes _____ No.

If yes, what were you under the influence of and how much of that substance did you ingest?

34. At the time of your arrest, were you taking any psychotropic medication(s)? _____ Yes _____ No.
If yes, what medications(s) were you taking and in what dosage?

35. Were you interviewed at a correctional facility, such as a jail, by a booking officer:
_____ Yes _____ No.

If yes, what did you tell the booking officer? _____

36. What were your activities, where were you, and who were you with in the 24 hours prior to your arrest?

37. List the names, addresses and telephone numbers of any and all individuals who can verify your whereabouts in the 24 hours prior to your arrest:

38. At any time, did you appear or were you asked to appear in a physical lineup? _____ Yes _____ No.

39. At any time, to your knowledge, were you made available for a "show up" identification?
_____ Yes _____ No.

40. At any time, were you asked to provide samples of your hair, blood, saliva, or other body fluid?
_____ Yes _____ No.

Did you provide any such sample? _____ Yes _____ No.

If yes, what samples did you provide, to whom did you provide them and when did you provide them?

41. Were you a driver or occupant of a motor vehicle immediately prior or at the time of your arrest:
Yes _____ No _____.

Prior Criminal History

42. List prior criminal history, including traffic, misdemeanor and felony arrest and convictions, including juvenile matters. Please be sure to include the date of your arrest; the charge(s) filed; the disposition (i.e., supervision, probation, prison, etc.); the disposition date(s); and the county where you were prosecuted.

43. Have you been convicted of a Class 2 or greater felony offense within the last 10 years?
_____Yes _____No.
44. Have you been convicted of at least two Class 2 or greater felony offenses? _____Yes _____No.
45. Have you ever been sentenced to probation, conditional discharge, periodic imprisonment or supervision? _____Yes _____No.
46. If yes, did you successfully complete your sentence of probation, conditional discharge, periodic imprisonment or supervision? _____Yes _____No.

Family Information

47. If you are married, is your spouse employed: _____Yes _____No.
If yes, what is the name and address of your spouse's employer:

48. What is the nature of your Spouse's employment?

49. How long has your spouse been employed by this particular employer?

50. What is your spouse's annual income from employment and other sources combined?

51. Is your father living or deceased? (If deceased, please skip to Question No. 66)
_____ Living _____ Deceased

52. What is your father's name, address, telephone number and occupation?

53. Is your mother living or deceased? (If deceased, please skip to Question No. 68)
_____ Living _____ Deceased

54. What is your mother's name, address, telephone number and occupation?

55. List the names, addresses and telephone numbers of any and all living siblings:

Miscellaneous

56. Comments: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____

CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***