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CLIENT INFORMATION SHEET

CONFIDENTIAL

NAME:

DATE OF BIRTH:
BIRTHPLACE:

RACE:

SEX:

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

CURRENT MAILING ADDRESS:

PERMANENT MAILING ADDRESS:

PHONE (H):

(W):

EMAIL ADDRESS:

MARITAL STATUS:

SS NUMBER:

DL NUMBER:

CASE INFORMATION:

PRESENT CHARGES:

TRIAL DATE:

LOCATION OF COURT:

CO-DEFENDANTS:

OTHER PENDING CHARGES:

TRIAL DATE:

LOCATION OF COURT:

PRIOR CRIMINAL RECORD:

NAME OF PROBATION/PAROLE OFFICER, IF APPLICABLE:

WRITE OUT A FULL DESCRIPTION OF THE FACTS IN YOUR CASE. BE SPECIFIC ABOUT TIMES, DATES AND LOCATIONS. INCLUDE MAPS, DRAWINGS, PICTURES, ETC. THAT WOULD ASSIST YOU IN ILLUSTRATING YOUR TESTIMONY.

WHAT STATEMENTS, IF ANY, DID YOU MAKE TO THE POLICE ABOUT YOUR INVOLVEMENT IN THE CASE?

WERE THESE STATEMENTS REDUCED TO WRITING? WERE THE STATEMENTS VOLUNTARY OR THE RESULT OF POLICE QUESTIONING? WERE YOU IN CUSTODY WHEN THE STATEMENTS WERE MADE? DID THE OFFICER READ YOU THE MIRANDA RIGHTS?

LIST ALL WITNESSES YOU BELIEVE WOULD BE HELPFUL AT YOUR TRIAL. INCLUDE A BRIEF SUMMARY OF EACH WITNESS' ANTICIPATED TESTIMONY. PLEASE ALSO INCLUDE THE WITNESS' FULL NAME, ADDRESS, AND TELEPHONE NUMBER:

IF YOU WERE ARRESTED ON A DATE DIFFERENT FROM THE ALLEGED OFFENSE DATE, THEN ALSO PROVIDE A DESCRIPTION OF THE CIRCUMSTANCES SURROUNDING YOUR ARREST, INCLUDING STATEMENTS YOU MADE TO POLICE OFFICERS, MAGISTRATES AND JAILERS.

EMPLOYMENT HISTORY:

EMPLOYER #1. _____

FROM _____ TO _____.

POSITION(S) HELD:

SUPERVISOR:

EMPLOYER #2. _____

FROM _____ TO _____.

POSITION(S) HELD:

SUPERVISOR:

-

EMPLOYER #3. _____

FROM _____ TO _____.

POSITION(S) HELD:

SUPERVISOR:

MILITARY SERVICE

EDUCATION:

FOR EACH SCHOOL, LIST YEAR OF GRADUATION, DEGREE RECEIVED. ALSO LIST ANY SIGNIFICANT AWARDS YOU RECEIVED AND ACTIVITIES (CLUBS, SPORTS AND ORGANIZATIONS) IN WHICH YOU PARTICIPATED.

1. HIGH SCHOOL :

2. COLLEGE:

FAMILY HISTORY

SPOUSES' NAME:

EMPLOYER:

CHILDREN: LIST EACH CHILD'S NAME AND AGE.

DESCRIBE RELATIONSHIP WITH SPOUSE AND CHILDREN (LIST ONLY SIGNIFICANT FACTORS, OTHERWISE ANSWER "NORMAL"):

RELIGIOUS BACKGROUND AND DENOMINATION. DESCRIBE ANY SIGNIFICANT INVOLVEMENT IN YOUR CHURCH:

PARENT'S NAMES:

PARENTS ADDRESS:

PHONE:

BROTHERS AND SISTERS:

DESCRIBE RELATIONSHIP WITH PARENTS, BROTHERS AND SISTERS WHILE GROWING UP. LIST SIGNIFICANT/TRAUMATIC EXPERIENCES (i.e.-HISTORY OF MENTAL DISEASE/ALCOHOL OR DRUG ABUSE/SEXUAL OR PHYSICAL ABUSE IN FAMILY) OTHERWISE ANSWER "NORMAL":

HISTORY OF MENTAL HEALTH TREATMENT/ALCOHOL OR DRUG ABUSE TREATMENT/PSYCHIATRIC TREATMENT:

DESCRIBE ANY SIGNIFICANT IMPACT THAT BEING CHARGED IN THIS MATTER HAS HAD ON YOUR LIFE:

ADDITIONAL COMMENTS: