

CONFIDENTIAL CLIENT QUESTIONNAIRE

Criminal Defense

INSTRUCTIONS:

- Please answer the questions as carefully and accurately as possible. This information will be used to complete official documents required for filing your case with the courts.
 Failure to answer questions or answering with inaccurate information will result in delays in your case.
- 2. If a question does not apply to you answer with "N/A".
- 3. If you have already filed this case with the courts, please provide copies of all pleadings.

	Intake Date	Date Conducted by		Phone	□In Person	
OFFICE USE ONLY	Conflict Check Date	Done by			□ Conflict	\Box No Conflict
	Retainer Quoted	□Hourly	□Flat Fee	□Contin	gency	
	Retained on	Paid \$ Er		Emplo	yee	
		by				
	Entered into MyCase on					
	Hearings Check done on	by	□No hearings □Hea		aring	
	Physical File Created on	by	given to			

ABOUT YOURSELF

Legal Name		DOB						
	First Middle		Last			MM / DD / YYYY		
Former Name				□Female	Age			
Do you want your	maiden name restore	d? 🗆 Yes	🗆 No	Maiden N	Name			
Driver's License #			State	SSN				
Residence County			How Lon	-				
ess 								
Mailing Address		,						
	City		State			Zip		
Residence Address								
Add Add	C'1	/		State		7'.		
City					Zip			
)							
Work Phone ()		0	ther <u>()</u>				
Personal E-mail								
Work E-mail								
Employer								
Job Title								
Address								
	City		Sta	te		Zip		
Phone		Fa	ix or Email					
Days & Times	Monday			Appro	ox. Pay (Gross)	/month		
	Tuesday			_		/yr.		
	Wednesday			_				
	Thursday			_				
	Friday			_				
	Saturday			_				
	Sunday	-						

ABOUT THE OTHER PARTY

Legal Name		DOB				
	First Middle	Last		MM / DD / YYYY		
Former Name		□Male □ F	emale Age			
Driver's License #		State	SSN			
Residence County		How Long?				
	If less than 6 me	onths, where did they live pre-	viously?			
ess ess						
Mailing Address	,					
	City /	State		Zip		
Residence Address						
Resid	,					
_	City	State		Zip		
Home Phone <u>(</u>)					
Work Phone (Other <u>(</u>)			
		Please specify				
E-mail						
Employer						
Job Title						
Address						
	City	State		Zip		
Phone		Fax/ Email				
Days & Times	Monday		Approx. Pay	/month		
	Tuesday		(Gross)	/yr.		
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
Attorney (if any)						

OTHER PARTIES INVOLVED

Legal Name	DOB
Legal Name First Middle	Last MM / DD / YYYY
Former Name	□ Male □ Female Age
Driver's License #	State SSN
Home Phone <u>(</u>)	Cell Phone ()
Work Phone <u>(</u>)	Email
Role	
Legal NameFirst Middle	Last DOB MM / DD / YYYY
Former Name	□ Male □ Female Age
	State SSN
	Cell Phone ()
Work Phone <u>(</u>)	
Legal Name First Middle	DOB
	☐ Male □ Female Age
Driver's License #	State SSN
Home Phone <u>(</u>)	Cell Phone ()
Work Phone <u>(</u>)	Email
Role	
Legal Name	DOB
First Middle	Last MM / DD / YYYY
Former Name	
Driver's License #	State SSN
Home Phone <u>()</u>	Cell Phone ()
Work Phone ()	

Has a case already been filed?		
Dates of Hearings Set		
Last Action Filed Charges Already Filed		
1.		
2.		
3.		
Charges You Expect to be Filed		
1.		
2.		
3.		
Have you received a Grand Jury Letter or Arraignment from the DA or Court?	□No	□Yes
If so, what have you received?		
Do you have a criminal history?		
Please list all prior charges including dates and disposition.		
1		
2		
3		
Do you want legal representation regarding your driver's license with the DMV?	□Yes	□No
If so, have you sent in the MVD hearing request for license?	□Yes	□No
Have you spoken to law enforcement or DA and admitted any of the alleged conduct? IMPORTANT: If you have made any admissions, please do not make any more or discuss th other parties as you have the 5 th Amendment right not to self-incriminate. If you have not a		□No any

admissions or discussed this case with Law Enforcement or the DA, you have the right not to continue not to discuss this case pursuant to the 5th Amendment.

PENDING ISSUES AND QUESTIONS

Please use this space to inform the attorney of your situation and any particular issues you would like resolved.

