

CLIENT INTERVIEW

Plea Total \$ _____

Trial Total \$ _____

Date _____

NAME _____ Charge _____

Aliases _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____ How Long _____

Phones: Home # _____ Work # _____ Cell # _____

email _____

Date of Birth _____ Place of Birth _____ Legal / Illegal / Visa _____

Race: circle one (White, Hispanic, Black, Other) Height _____ Weight _____ Age: _____

Social Security # _____ - _____ - _____ D.L. _____ State _____

Automobiles: _____ Years _____

Education: High School _____ College _____

Employer: _____ Occupation _____

Employer's Address: _____ Phone _____

Marital Status: circle one (Single, Married, Separated, Divorced, Widowed)

SPOUSE: Name _____

Age _____ Date of Birth _____ Race _____

Employer _____ Phone# _____

CHILDREN: Number of children _____ Number of children living with you _____

Name _____ Age _____ Name _____ Age _____

Name, address & phone # of person(s) who can reach you at all times: *VERY IMPORTANT*

Referred by: _____

Yellow Pages _____ Radio _____ Television _____ Newspaper _____ Other _____

ARREST: Date _____ Time _____ Place _____

Bonding Agent: _____ Phone# _____

Charge _____ Arresting Agent _____

Court in which charges are pending: _____

Your Prior Criminal Record:

Charge(s) _____

Arrested(Y/N) _____ Date(s) _____

Convicted(Y/N) _____ Date(s) _____