

CRIMINAL CHARGES INTERVIEW

PERSONAL:						
FULL NAME:						
ADDRESS:						
CITY:	STATE:		ZIP CODE:			
CELL PHONE:		WORK PH	HONE:			
E-MAIL:						
<u>VITAL INFORMATION:</u>						
DRIVERS LICENSE #:	S	STATE:		SS#:		
DOB:/ SEX: RA	ACE:	HT.:	WT.: _	EYES:	Н	AIR:
UNITED STATES CITIZEN: YES	NO					
EMPLOYMENT:						
EMPLOYER(S):						
HOURS/DAYS OF EMPLOYMENT:						
EDUCATION:						
HIGH SCHOOL:	COLLEGE:					
FAMILY CONTACTS:						
SPOUSE:	CELL PHONE:		E-MAIL:			
CHILDREN (NAME & AGE):						
MOTHER:		ADDRESS: _				
CELL PHONE:		EMAIL:				
FATHER:		ADDRESS: _				
CELL PHONE:		EMAIL:				
<u>HEALTH</u> :						
GENERAL HEALTH CONDITION:						
CURRENT MEDICATIONS:						
PHYSICAL DISABILITIES/INJURIES:						

CLIENT DETAILS OF EVENTS

PLEASE WRITE IN DETAIL YOUR INVOLVEMENT WITH THE CRIMINAL CHARGE(S) YOU RECEIVED. PLEASE INCLUDE YOUR CONSUMPTION OF DRUGS/ALCOHOL, IF ANY, PRIOR TO THE ALLEGED CRIMINAL CHARGE(S). PLEASE BE AS COMPLETE AND DETAILED AS POSSIBLE.

ALL INFORMATION WHICH YOU WRITE AND PROVIDE IN THE INTERVIEW IS CONSIDERED ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL.

CLIENT DETAILS OF EVENTS