

## **CRIMINAL CHARGES INTERVIEW**

PERSONAL:						
FULL NAME:						
ADDRESS:						
CITY:	STATE:			ZIP CODE:		
CELL PHONE:		WORK PH	ONE:			
E-MAIL:						
<u>VITAL INFORMATION:</u>						
DRIVERS LICENSE #:		STATE:		SS#:		
DOB:/ SEX:	_ RACE:	HT.:	WT.: _	EYES:	HAIR:	
UNITED STATES CITIZEN: YES	NO	-				
EMPLOYMENT:						
EMPLOYER(S):						
HOURS/DAYS OF EMPLOYMENT:						
<b>EDUCATION</b> :						
HIGH SCHOOL:	COLLEGE:					
FAMILY CONTACTS:						
SPOUSE:	CELL PHONE:			E-MAIL:		
CHILDREN (NAME & AGE):						
MOTHER:		ADDRESS:				
CELL PHONE:		EMAIL:				
FATHER:		ADDRESS:				
CELL PHONE:		EMAIL:				
HEALTH:						
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**