

CLIENT INFORMATION WORKSHEET

(INFORMATION SUBJECT TO AND PROTECTED BY ATTORNEY-CLIENT PRIVILEGE)

1. Client's Full Name: _____

2. Client's Address: _____

Client's Telephone (Home): _____

(Cell): _____

(Work): _____

E-mail: _____

3. Alias, nicknames: _____

4. Age: _____ DOB: _____ Place of Birth: _____

Sex: _____ Citizenship: _____ SSN: _____

How long in state: _____

5. Physical characteristics

Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Complexion: _____ Facial Hair: _____

Scars/birthmarks/tattoos: _____

6. Home Address: _____

7. How long: _____

8. Persons living with client

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

9. Marital Status: _____ Spouse's Name: _____

Spouse's present address: _____

Telephone number: _____

If spouse employed: _____

a. Name of Employer: _____

b. Job Description: _____

c. Business address and phone number: _____

Name(s) and Address(es) of former spouse(s): _____

10. Children and Dependents

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>	<u>Amount of support</u>
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11. Parents

Mother living? _____ Name: _____
Phone No.: _____ Address: _____
Father living? _____ Name: _____
Phone No.: _____ Address: _____
Raised by Parents YES/NO. If no, name and address of _____ person(s) who raised Defendant

12. Language ability

English Speak: YES/NO Write: YES/NO Read: YES/NO
Other Speak: _____ Write: _____ Read: _____

13. Education

Highest grade completed: _____
Name of High School: _____
Year Completed: _____
College: _____
Year Completed: _____
Vocational School: _____
Year Completed: _____

14. Employment

Where employed: _____
Job description: _____
How long? _____ Salary: _____ Supervisor: _____
Previous employer: _____ How long: _____
Reason for termination: _____
Union affiliation: _____
Address: _____
Other sources of income: _____
If unemployed, has not worked since: _____
Presently receiving unemployment compensation: _____
Disability Income: _____

15. Military Service

Branch of service: _____ Length of service: _____
Final rank: _____ Type of discharge: _____
Serial No.: _____ Honors, medals, awards: _____

Combat duty: _____ Service abroad: _____
Courts-martial: Charge _____ Outcome _____
Charge _____ Outcome _____

16. Health

Present state of health: _____
If under doctor's care, name and address of doctor: _____
Chronic health problems: _____
Type of treatment: _____
Medication(s): _____
If previous hospitalization, name and address of hospital and dates hospitalized

Drug Addiction: _____ Past: _____
Type of Treatment: _____
Epilepsy or strokes: _____
Traumatic head injury: _____
Evaluation or treatment by psychiatrist or psychologist: _____
Name and address of doctor: _____
Duration: _____ Outcome: _____
Psychiatric hospitalization: _____
Name and address of hospital: _____
Dates: _____
Family history of psychiatric disorders: _____

17. Prior criminal record (including juvenile record)

Prior arrests

<u>Location</u>	<u>Date</u>	<u>Charges</u>	<u>Outcome</u>	<u>Attorney Name</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Prior convictions

<u>Location</u>	<u>Date</u>	<u>Charges</u>	<u>Outcome</u>	<u>Attorney Name</u>
_____	_____	_____	_____	_____

Disposition: _____ Time served: _____
 Location: _____ Date released: _____
 Currently on probation or parole: _____
 Name and address of supervising officer: _____

18. Religion

Religious affiliation: _____ Active Member: _____
 Name and address of minister, rabbi or priest: _____

19. References/character witnesses

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____	_____

20. Previous counsel in this matter: _____

Address: _____

21. Bail set: _____ Amount: _____ Cash: _____

Bail posted: _____ Posted by: _____
 Address: _____ Other security: _____
 Name of Bondsman: _____ Telephone: _____
 Address: _____

If not posted, persons who can assist in posting bail:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____	_____

22. Were any of the following scientific tests made after arrest?

Blood test: YES/NO Urine sample: YES/NO Hair sample: YES/NO
 Fingerprints: YES/NO Photographs: YES/NO Voice exemplars: YES/NO
 Handwriting exemplars: YES/NO Swabs: YES/NO

Duration and extent of tests: _____

Any statements to police or doctor during tests: _____

23. Line-up and Identification

In-field show up? YES/NO Defendant under arrest at the time: YES/NO

Name(s) of witness(es), if known: _____

Line-ups conducted: YES/NO Location: _____

Date: _____ Warning of right to counsel: YES/NO

Details of Line-up: _____

24. Circumstances of Arrest: _____

Date: _____ Time and place: _____

Arrest warrant: YES/NO

Witness's(es's) name(s) and address(es): _____

Physical condition at time of arrest: _____

Illness: _____

Alcohol: _____ Drugs: _____

Other persons arrested: _____

Were *Miranda* warnings given? YES/NO

Did client say anything? YES/NO

If so, what: _____

Did client resist arrest? YES/NO

Excessive force by officers: YES/NO

Names, if known: _____

How soon after arrest was client taken before magistrate: _____

25. Search Issues

Was search conducted? YES/NO Search Warrant Used? YES/NO

Scope of Search: _____

Client's person: YES/NO Residence: YES/NO

Place of employment: YES/NO Automobile: YES/NO

Consent given: YES/NO

Items client was carrying when arrested: _____

Drugs: YES/NO If so, what: _____

Pills: YES/NO If so, what: _____

Weapons: YES/NO If so, what: _____

Other: _____

What property was confiscated by officers: _____

Names of officers conducting search, if known: _____

26. Statements by Client:

Were *Miranda* warnings given? YES/NO

Written: YES/NO Oral: YES/NO

Did client waive rights? YES/NO

In writing: YES/NO Orally: YES/NO

Did client ask to see family member, probation officer, or attorney? YES/NO

If so, who: _____

Was request honored? YES/NO

How long did questioning continue? _____

Who conducted questioning? _____

Did client make statement? YES/NO

In writing: YES/NO Orally: YES/NO

Tape recorded? YES/NO Videotaped? YES/NO

Stenographer? YES/NO

If written, did client sign statement? YES/NO

What did client say? _____

Who else was present? _____

Did client request that interrogation cease? YES/NO

What happened? _____

Was client told of statements by co-defendants or witnesses implicating client?

Was client confronted with any evidence? YES/NO

Did client say anything to anyone other than interrogating police officers? YES/NO

To whom: _____

What was said? _____

Physical condition at time of statement:

Illness: _____

Injury: _____ Under medication: _____

Narcotics or other drugs: _____

Lack of sleep? YES/NO

Deprivation of food or water? YES/NO

27. Other Defendants

Other persons involved in alleged incident

Names

Addresses

Witnesses

Names

Addresses

Other persons arrested

Names

Addresses

Statements by other defendants: _____

Counsel for other defendants, if known: _____
