



CONFIDENTIAL CLIENT QUESTIONNAIRE

Criminal Defense

INSTRUCTIONS:

1. 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.

OFFICE USE ONLY	Intake Date _____	Conducted by _____	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person
	Conflict Check Date _____	Done by _____	<input type="checkbox"/> Conflict	<input type="checkbox"/> No Conflict
	Retainer Quoted _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Flat Fee	<input type="checkbox"/> Contingency
	Retained on _____	Paid \$ _____	Employee _____	
	Entered into MyCase on _____	by _____		
	Hearings Check done on _____	by _____	<input type="checkbox"/> No hearings	<input type="checkbox"/> Hearing _____
Physical File Created on _____	by _____	given to _____		

OTHER PARTIES INVOLVED

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

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

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

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

CASE HISTORY

Has a case already been filed? No Yes # _____

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? Yes No

IMPORTANT: If you have made any admissions, please do not make any more or discuss this case with any other parties as you have the 5th Amendment right not to self-incriminate. If you have not made 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.

