

GENERAL CLIENT INFORMATION SHEET

Today's Date: _____

❖ How did you hear about us:

Google _____ Yellow Pages _____ Driving By _____ Other: _____

Referred By: _____

Referral's Address -----

Referral's Phone Number: -----

Referral's Email Address: -----

Former Client _____ yes _____ no

❖ CLIENT'S INFORMATION:

Client's Full Name: _____

D/O/B _____

Social Security Number _____ - _____ - _____

All Nicknames / Prior Names

Names: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone No.: _____ (h) _____ (w) _____ Cell.No.: _____

Prior Residence: _____

Driver's License Number : _____ Date of Issue: _____

❖ Social Media:

Email

Address: _____

Facebook: _____ Twitter: _____

Instagram: _____ Other: _____

❖ **EMERGENCY CONTACT**

PERSON: _____

Address _____

Email Address: _____

Phone No.: (H) _____ (C) _____ (W) _____

❖ **BACKGROUND:**

Place of Birth _____

By Whom Was Client Raised: _____

➤ Client's
Father: _____ Living? _____

Address: _____

Phone No.: (H) _____ Alt. No.: _____

Email Address: _____

Type of Work: _____

➤ Client's
Mother: _____ (Living? _____)

Address: _____

Phone No.: (H) _____ (Alt. No.) _____

Email Address: _____

Type of Work: _____

❖ Client's Education Background:

High School _____ College _____

Other _____

❖ Marital Status: Single () Divorced () Married () Widow/Widower ()

Spouse: _____

Address (If Different) _____

Spouse's Education: _____

Spouse's Employment: _____

Children: Name: _____ Age _____

Name: _____ Age _____

❖ MILITARY

Branch of Service: _____

Active Duty Began: _____ Date of Discharge _____

Rank at Time of Discharge: _____

Any Honors/Medals? If so, please list: _____

Any Combat Service? Yes () No () Where ? _____ When? _____

Any Time Overseas? _____ If yes, Where _____

Security Clearances? _____

Any Court-Martial Charges? _____ Charge? _____

Findings: _____

Sentence: _____

❖ **EMPLOYMENT:**

Present Employer: _____

Does Employer Know of Charge(s) _____

Employer's Address _____

Your Work No.: () _____ ext.: _____

Type of Business of Employer: _____

Your Job Title: _____

Employment Date Beginning _____ / _____ / _____ Rate of Pay/Hr.: \$ _____

Your Immediate Supervisor: _____

Supervisor's Attitude Toward You: _____

If Presently Unemployed:

Date Unemployment Began: _____ / _____ / _____ Present Income Source:

Amount: \$ _____ Currently in Job Training Program? _____

Comments: _____

❖ **PRIOR EMPLOYMENT:**

Name of Employer: _____

Address: _____

Type of Business of Employer: _____

Client's Job Title: _____

Pay at Termination: _____ Date Left Employer: _____

Reason for Leaving: _____

CRIMINAL FILE INFORMATIONMEDICAL HISTORY:

Does client use narcotics? _____ If yes, what type _____

Since: _____ Frequency of use _____

Currently under treatment? _____

Does client use alcohol? _____ Volume of usage? _____

If heavy drinker, how long? _____ Currently under treatment? _____

Any Present mental disabilities? _____

Any Present illness? _____

If currently under medical care, what is the doctor's name? _____

PRIOR CRIMINAL HISTORY:

Any Juvenile records? _____ If so where? _____

Nature of charge(s) _____

Client's age at time: _____ Adjunction: _____

Prior adult offense(s):

1. Date of arrest _____ Jurisdiction _____

Charge(s) _____

Disposition: _____

Name of Counsel: _____

Name of Prosecutor: _____

2. Date of arrest _____ Jurisdiction _____

Charge(s) _____

Disposition: _____

Name of Counsel: _____

Name of Prosecutor: _____

3. Date of arrest _____ Jurisdiction _____

Charge(s) _____

Disposition: _____

Name of Counsel: _____

Name of Prosecutor: _____

4. Date of arrest _____ Jurisdiction _____

Charge(s) _____

Disposition: _____

Name of Counsel: _____

Name of Prosecutor: _____

5. Date of arrest _____ Jurisdiction _____

Charge(s) _____

Disposition: _____

Name of Counsel: _____

Name of Prosecutor: _____

Is the client currently on probation/parole? _____

Name of Supervising officer? _____ Jurisdiction _____

Phone _____ email _____

Time remaining on probation/parole _____ Status of Revocation _____

INFORMATION CONCERNING THIS CHARGE

Time and place of arrest _____

Witnesses to Arrest _____

Was client under the influence of drugs/alcohol?: _____

Name of arresting officers: _____

Did they have a warrant? _____ if not, explain circumstances of arrest _____

Any interrogation? _____ If so, what was asked and what were the client's responses:

Did client sign statement? _____ Was statement recorded? _____

Was there a search? _____ If so, was there a warrant? _____

Place of Search? _____

Property seized: _____

Who was returned: _____

Any subsequent interrogation? _____ When and Where? _____

Interrogating officer's name _____

Detail any

statement(s) _____

Did client sign statement: _____ Was statement recorded: _____

Was a polygraph administered: _____ When and Where: _____

_____ Examiner _____

Result: _____

Did police tell client that anyone incriminated him? _____

If so, Who _____

Jail Phone No: _____ Prison No: _____

If on bond, where posted: _____

Who posted? _____

WITNESS INFORMATION

Names, address, phone numbers of any and all person who have information pertaining to this case:

1. _____

2. _____

3. _____

4. _____

5. _____
