

**CONFIDENTIAL CRIMINAL LAW QUESTIONNAIRE**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**IF YOU ARE MARRIED (OR HAVE A SIGNIFICANT OTHER), PLEASE PROVIDE THE FOLLOWING:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**FOR A PENDING CASE, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Date of incident (if applicable) \_\_\_\_\_

Name of person you have spoke with concerning this matter \_\_\_\_\_

Was there a Bond Posted? \_\_\_\_\_

Bonding Company Name \_\_\_\_\_

Amount of Bond Posted? \_\_\_\_\_

Court Date \_\_\_\_\_

What Court \_\_\_\_\_

Case Number \_\_\_\_\_

Have you received any documents concerning this case? \_\_\_\_\_

Have you made any oral statements concerning this case? \_\_\_\_\_

Have you signed any written statements concerning this case? \_\_\_\_\_

Do you have a prior criminal record? \_\_\_\_\_

Are you currently on probation? \_\_\_\_\_

Have you received Deferred Adjudication? \_\_\_\_\_

**IF YOU HAVE BEEN PREVIOUSLY REPRESENTED BY AN ATTORNEY, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR THAT ATTORNEY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Attorney Phone Number \_\_\_\_\_

Referred By: \_\_\_\_\_