

**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: \_\_\_\_\_