

Date Prepared: \_\_\_\_\_

## CONFIDENTIAL CRIMINAL LAW QUESTIONNAIRE

Please provide the information requested and return it to the above law office as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Please refer to the question number to which your answer applies and attach your answer to this form.

### NOTICE OF CONFIDENTIALITY

The information provided hereinbelow is subject to the attorney-client privilege and attorney work-product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. See Tex. Fam. Code § 261.101.

#### 1. CLIENT (YOURSELF)

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (last 3 digits): \_\_\_\_\_

Driver's license number and state (last 3 digits): \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

#### 2. YOUR CONTACT INFORMATION

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Cell phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

How long have you lived in Texas? \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

Who else lives in your household? \_\_\_\_\_

How do you prefer that we contact you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(please note that e-mail communications may not be confidential)

Do you use social media? If so, indicate which sites are used and the account name:

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

X (f/k/a Twitter): \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Other: \_\_\_\_\_

**3. YOUR CURRENT EMPLOYMENT**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

E-mail: \_\_\_\_\_ May we e-mail you at work? \_\_\_\_\_

Business Fax Number: \_\_\_\_\_ Call before faxing? Yes \_\_\_\_\_ No \_\_\_\_\_

Working hours, days: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**4. IF YOU HAVE A SPOUSE, OR SIGNIFICANT OTHER, PLEASE PROVIDE:**

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (last 3 digits): \_\_\_\_\_

Driver's license number and state (last 3 digits): \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

**5. YOUR SPOUSE OR SIGNIFICANT OTHER'S CONTACT INFORMATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**6. YOUR SPOUSE OR SIGNIFICANT OTHER'S CURRENT EMPLOYMENT**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Working hours, days: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**7. POSSIBLE CASE-RELATED INFORMATION, AS APPLICABLE:**

Date(s) of alleged incident(s) \_\_\_\_\_

Name of person(s) you have spoken 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? \_\_\_\_\_

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

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

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

**8. OTHER CASE-RELEVANT INFORMATION**

Have you consulted or retained any other attorneys on this matter before coming to this office?

\_\_\_\_\_

If previously represented by an Attorney, please provide the following:

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attorney's Phone Number \_\_\_\_\_

Other than yourself, is there someone we can contact in an emergency? \_\_\_\_\_

Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Who referred you to this law office? \_\_\_\_\_