

HAWKINS & WALKER, P.C.

ATTORNEYS AND COUNSELORS AT LAW

POTENTIAL CLIENT QUESTIONNAIRE – CRIMINAL MATTER

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INSTRUCTIONS: Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to 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. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

INFORMATION REQUESTED

CONTACT INFORMATION:

Today's Date: _____

Name: _____

Spouse's Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Number: _____ Cell Number: _____

Driver's License State & Number: _____

Date of Birth: _____ Social Security Number: _____

How did you hear about us: _____

List Two (2) Other People Who Can Reach You:

Contact Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Contact Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

EMPLOYMENT INFORMATION:

Employer Name: _____

Employer's Address: _____

Work Phone Number: _____ How Long Employed: _____

Average Pay: \$_____ Hourly Daily Weekly Bi-Weekly Monthly

Did you Lose your Job due to this Arrest/Charge: Yes No

If yes, who did you work for? _____

EDUCATION AND EXPERIENCE:

GED or Diploma: _____ High School attended: _____

College Name: _____ If yes, number of years completed: _____

Degrees or work licenses: _____

Military Service: Yes No Branch: _____

Length of Service: _____ Year of discharge: _____

CASE INFORMATION:

Name of Bond Company _____
(Write "CASH" if you posted cash directly to the jail)

Amount of Bond: \$ _____ Paid in Full: Yes No Balance: \$ _____

Name of Court or Judge: _____ County: _____

Do you have a Court Date: Yes No Date: _____

CURRENT CHARGES:

Charge(s): List all charges pending against you even if I am not representing you on all of them:

Where arrested? _____

Date arrested: _____ Time: _____ AM PM

Who was with you at the time of your arrest and where there any other witnesses. For each, state their name, relationship to you, and phone number:

Was there a Search Warrant: Yes No If so, do you have a copy: Yes No

Did you Consent to any search: Yes No

Was anything Taken by police at time of arrest? Yes No If so, please describe:

Have you given a Written Statement to anyone? Yes No If so, who:

Were you given any Tests by the police? Yes No If so, what Tests:

Did you give an Oral Statement to anyone? Yes No If so, to who about what:

Give the following information about the Alleged Victim or Complaining Witness:

Name: _____ Ph. No.: _____

Address: _____

Age: _____ Sex: _____ Relationship to You: _____

DESCRIBE YOUR CURRENT LEGAL PROBLEM: In your description, write what the police or the alleged victim claim that you did to cause your arrest. Also, tell your side of the story. Be as SPECIFIC and DETAILED as possible.

PRIOR CRIMINAL HISTORY:

List Every Time you have been *Arrested* and what the *Charge* was Regardless of whether you were Convicted or Not:

Have you ever been on *Parole* or *Probation*? If so, for each time, STATE (1) when, (2) where (3) how long (4) if you are still on, (5) charge, (6) year put on, (7) length of parole/probation, and (8) whether you completed the parole/probation:

Do you have any charges pending against you in any other city, county or state? If so, what charge(s) and where:

Have you been treated by a psychiatrist or psychologist? If so, give their name and diagnosis.

Have you ever had a serious injury? Yes No If yes, please describe the injury:

As your attorney I cannot talk with anyone in reference to your case unless you give specific authorization. List the names of the people you would want me to discuss or give information to in reference to your case.

I, _____ (print name), Authorize attorneys and employees of Hawkins & Walker, to discuss and give information in reference to my case to the above listed people.

Your Signature authorizing release of information: _____