

Client Questionnaire

Please complete this form completely and accurately to the best of your knowledge. Leave blank those questions you do not know. This information will remain confidential under the lawyer-client privilege.

Personal Information

Full Complete Name: _____

List All Aliases: _____

Complete Mailing Address: _____

Complete Physical Address: (If different) _____

List all Telephone Numbers: Home: (____) ____ - _____. Work: (____) ____ - _____.
Cell: (____) ____ - _____. Other: (____) ____ - _____.

Email Address that we can use to communicate with you: Primary Email Address: _____
Alternate Email Address: _____

Drivers License Number: (If you have more than one list all) Florida DL#: _____
Other DL# : _____

Social Security Number: SSN: _____

Names of Spouse and Children that live with you: Spouse: _____
Child: _____ DOB: ____/____/____
Child: _____ DOB: ____/____/____
Child: _____ DOB: ____/____/____

Names and addresses of local relatives including relatives by law, such as marriage/in-laws. Name: _____ Relation: _____
Address: _____
Telephone: _____

Name: _____ Relation: _____
Address: _____
Telephone: _____

Name: _____ Relation: _____
Address: _____
Telephone: _____

Employment Information

Are you currently employed: Yes () For how long? _____ No () For how long? _____

Name and address of current employer: Name: _____
Address: _____

Position currently held: _____

Name of Supervisor that we can contact regarding your employment: Name: _____

Can we talk to him/her about your current situation? Yes [] / No []

Will your employer hold your position until released? Yes [] / No []

Charge Information

Date Arrested or Issued Citation or Summons (Notice to Appear)? Date: ____/____/____

Arrested [] / Issued Citation [] / Received Summons []

What Agency Arrested You? Sheriffs Office / Police Department / Other
What County? _____ What City? _____

What were you charged with? List all charges you were arrested for:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____
(7) _____

If more, list on back of this page.

List Case Numbers and/or Citation Numbers: Case Number(s): _____

Citation Number(s): _____

List County in which you were arrested: _____

For Office Use Only Felony: 3rd [] / 2nd [] / 1st [] Level 1 2 3 4 5 6 7 8 9 10
Misdemeanor: 2nd [] / 1st []
Municipal Ordinance: []

Bond Information

How much was your bond?

Amount of Bond: \$ _____

Did you use a Bondsman? Yes [] / No []

If used Bondsman, list their information:

Name of Company: _____

Address: _____

Telephone: _____

Name of Individual that helped you? _____

If you have a copy of the bond paperwork, please provide copy to office:

List Bond invoice number here: _____

Name of Surety of other than Bondsman: _____

Address of Surety: _____

Telephone of Surety: _____

Prior Criminal History

Have you been arrested at any other time in your entire life including juvenile arrests?

Yes [] / No []

If Yes, provide the below requested information?

Prior Arrests (all prior arrests, even those that ended in a dismissal or acquittal:

1. Date of Arrest: ____/____/____

Charge(s): _____

Name you used when arrested if different from name used for current charges:

2. Date of Arrest: ____/____/____

Charge(s): _____

Name you used when arrested if different from name used for current charges:

3. Date of Arrest: ____/____/____

Charge(s): _____

Name you used when arrested if different from name used for current charges:

(use back of this page if additional space required)

