

APPENDIX 2: Client Intake Form

Interviewer: _____ **Today's Date:** _____

Client Name As Charged: _____
(First) (Middle) (Last)

CURRENT CHARGES

Case Number	Charge	Class	Alleged Victim	Offense Date

BAIL/FIRST APPEARANCE INFORMATION

- | | | |
|------------------------------|---|--|
| Conditions of Release | <input type="checkbox"/> Secured bond \$ _____
<input type="checkbox"/> Cash bond \$ _____
<input type="checkbox"/> Unsecured bond \$ _____
<input type="checkbox"/> Personal recognizance
<input type="checkbox"/> Custody of _____
<input type="checkbox"/> Citation only/No arrest made | <input type="checkbox"/> Drug/Alcohol Treatment
<input type="checkbox"/> Anger management
<input type="checkbox"/> No contact with _____
<input type="checkbox"/> Stay away from _____
<input type="checkbox"/> Other: _____ |
|------------------------------|---|--|

- Conditions met?** Yes Will Meet No, held at _____
Warrants/Detainers? Yes No **Client Height:** _____
Serving sentence? Yes No **Client Weight:** _____

Distinctive features (scars, tattoos, etc.): _____

Unusual behavior at first appearance: _____

Other notes: _____

INCIDENT AND DEFENSE

Offense Date: _____	Report date: _____
Warrant Issued: _____	Arrest date: _____
Arresting Officer: _____	Department: _____
Alleged Victim: _____	Relationship to client: _____

FACTS OF CASE - Client's Version



Co-Defendants Yes No

Name: _____
Relationship to Client: _____
Address: _____
Name: _____
Relationship to Client: _____
Address: _____

DOB/Approx. Age: _____
Phone: _____
Attorney: _____
DOB/Approx. Age: _____
Phone: _____
Attorney: _____

Do you belong to any social networking sites? Yes No List: _____

Have you posted anything online about this case? Yes No List: _____

Are you aware of anyone else (victims, witnesses, co-defendants) having posted information about this case online?

Yes No List: _____

BACKGROUND INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Goes By: _____ **Former Name(s):** _____

Date of Birth: _____ / _____ / _____ **Age:** _____ **Sex:** _____ **Race:** _____

Place of Birth: _____ **SSN:** _____
(if other than US, complete Immigration intake sheet)

Primary Language: _____ **Citizenship:** _____

Interpreter needed? Yes No **Green Card?** Yes No **Amnesty?** Yes No

Current client address: _____ **Apt:** _____

Length of time at address: _____ **in community:** _____

Lives with: _____

Current client phone: _____ **Alternate phone:** _____

Marital Status: Unmarried Married Separated Divorced Widowed

*	Name	Address	Phone	Age	Job
	Partner				
	Mother				
	Father				
	Sibling				
	Sibling				
	Child				
	Child				
	Child				

* Place check mark in this box if attorney may call this person to locate client if client's contact information is out of date

EDUCATION AND EMPLOYMENT

Last grade completed: _____ Current student Yes No GED Yes No
 High School Name: _____ Last Attended: _____
 College Name: _____ Last Attended: _____

Held back in school? Yes No Had an IEP? Yes No Special school/classes? Yes No
 Notes: _____

Currently employed: Yes No Name of Employer: _____
 Address/Location: _____
 Contact: _____ Phone: _____
 Type of job: _____ Since: _____

Prior employment: Yes No Name of Employer: _____
 Contact: _____ Phone: _____
 Type of job: _____ Dates: _____
 Reason for leaving: _____

Public Benefits received: _____

Military Service: Yes No Dates: _____ Branch: _____
 Type of Discharge: Honorable General Other Notes: _____

PHYSICAL AND MENTAL HEALTH HISTORY

Alcohol History: Drinks/week: _____ Prior Treatment? Yes No Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Drug History: Drug of choice: _____ Age at first use: _____ Prior Treatment? Yes No
 Current frequency of use: _____ Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Mental Health History: Diagnosis _____ Prior hospitalization/Treatment? Yes No Current

Year	Location	Doctor	Inpt/Outpt	Length

Physical Health History: Any significant injuries, operations, overnight hospital stays, or head trauma?
 Yes No

Notes: _____

Current medications

Name	Dosage/Frequency	Prescribing Dr.	Reason for taking	Started taking

CRIMINAL HISTORY

Is client currently on probation? parole?

Charge: _____

Suspended sentence: _____

Officer: _____

Officer phone: _____

Any prior violations? _____

Has client been on probation before? Yes No

Most recent term of probation: _____

How terminated: _____

Has probation ever been revoked? Yes No

Details: _____

Was client on pre-trial release for another offense at the time of this offense? Yes No

OTHER PENDING CHARGES

Case Number	Charge	Class	Alleged Victim	Offense Date	Attorney	Next Court Date

PRIOR CHARGES

Case Number	Charge	Class	Offense Date	Disposition	Disposition date	Jurisdiction

This document was compiled based on review of client intake documents from the Massachusetts Committee for Public Counsel Services, the Delaware Office of Public Defense, and Ray Moses's Client Interview Criminal Cases, <http://criminaldefense.homestead.com/clientinterview.html>