



KROSCHER & KROSCHER, P.C.

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CRIMINAL LAW ~ CLIENT INFORMATION SHEET

PLEASE FILL IN AS COMPLETELY AS POSSIBLE
(All information is needed to file and complete Court documents)

Date: _____

1. **Full Name:** _____

2. **Aliases, Nickname(s), Former Name(s), Maiden Name:** _____

3. **Mailing Address of Client:** _____
How Long Has the Client Lived at Their Current Address? _____

4. **Cell Phone #** _____ **Home Phone #** _____
Work Phone # _____ **Other Phone #** _____

5. **Physical Characteristics of Client**
Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____
Facial Hair: _____ Scars, Birthmarks or Tattoos: _____

6. **Driver's License State and #** _____

7. **Can the Client Read and Write the English Language?** _____

8. **Highest Grade Level Completed by Client:** _____

9. **Person(s) Currently Living with Client**
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

10. **Marital Status:** _____
Spouses Name: _____
Spouse's Current Address: _____
Telephone # _____

11. **Children and Dependants of Client**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. **Client's Employer:** _____
Job Description: _____
Length of Employment: _____
Previous Employer: _____

13. **Prior Criminal Convictions (Felony and Misdemeanor)**

<u>Location</u>	<u>Date</u>	<u>Charges</u>	<u>Sentence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. **Previous Attorney in the Above Matters:** _____

15. **Is Client Currently on Probation or Parole?** _____
County/State: _____
Name and Phone # of Supervisor: _____

16. **Client's Pending Criminal Charge(s):** _____

17. **What Date did the Offence Allegedly Occur?** _____

18. **What County did the Offence Allegedly Occur in?** _____

19. **Date of Arrest:** _____

20. **Arresting Agency:** _____

21. **Was Anyone Else Arrested with Client?** _____
If So, What are Their Names? _____

22. **Witnesses to the Alleged Offense**

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

23. **Did Client Give a Statement to Investigators or Police Officers?** _____
If So, Was it Written or Tape Recorded? _____

24. **Was Anything Illegal Found in Client's Possession?** _____ **Where:** _____

25. **If DWI, did Client take a Field Sobriety Test or Refuse?** _____
If DWI, did Client give a Blood or Breath Specimen? _____
If DWI, had Client been Drinking? _____ **If so, When and How Much:** _____
