



CHECKLIST FOR FIRST INTERVIEW WITH CRIMINAL DEFENDANT

Client's name: _____
Birth date: _____
Place of birth: _____
Social Security no: _____
Any aliases ever used? Yes _____ No _____
If so, what they were, when they were used, and why:

Client's residence at present time and how long resided at present address.

Client's contact information:
Home: _____
Work: _____
Cell: _____
Alternative: _____

Marital status: Single _____ Married _____
Spouse's name: _____
Does Spouse know that client is here? Yes _____ No _____

Spouse's contact information:
Home: _____
Work: _____
Cell: _____
Alternative: _____

If not married, name of next of kin or relative that could be contacted regarding case.
Name: _____
Relation: _____
Contact Information:
Address: _____
Home Phone Number: _____
Work Phone Number: _____
Cellular Phone Number: _____
Alternative Phone Number: _____

Client's employment.

Name and address of employer:

Job title or description:

Name of immediate foreperson or supervisor:

How long in present employment: _____

If unemployed currently, please list last place of employment and description of position:

Education.

Currently in school? Yes _____ No _____

Name and city of school attending:

Highest grade completed/education or degree obtained: _____

Hospitalizations.

The date, time, and place, and the condition for which client was hospitalized in the last year:

Any history of mental illness? Yes _____ No _____

If so, the name and address of treating physician:

Dates of treatment:

Any hospitalization in connection with it? Yes _____ No _____

If so, what hospitals and the dates of hospitalization:

Please list any prescription medication you are currently taking, or prescriptions that have been prescribed but you are not taking (include dosage):

Military status of client.

Draft classification _____

Veteran: Yes _____ No _____

Rank: _____

Branch of service: _____

Date of discharge: _____

Type of discharge: _____

Any military honors client received? Yes _____ No _____

Any injuries received? Yes _____ No _____

What they were and how they were received: _____

Criminal History.

Have you been arrested for anything other than standing traffic violations.

Yes ____ No ____

If so, where, when, the charge, and disposition of the charge:

If a trial, when and where it was held, what court, and the result:

Any use of narcotics. Yes _____ No _____

If so, what type: _____

How long used: _____

How frequently used: _____

Use of alcohol? Yes _____ No _____

Frequency of use: _____

Quantities: _____

Have you ever been treated for alcoholism. Yes _____ No _____

Have you ever been jailed for drunkenness or any associated offense. Yes _____

No _____

If so, when, where, what sentence:

The date, time, and place of arrest on present charge:

The name of the arresting officer(s): _____

Where you arrested on an outstanding warrant. Yes _____ No _____

If so, was it read, exhibited, or given to you? _____

What did the arresting officer or any other person say specifically? _____

Please describe in detail the actions of the officers with reference to yourself and with reference to any other persons present at the time of this incident. _____

Where were you taken immediately after arrest. _____

Please describe the substance of any conversation that was had with police officer or any others that were present after the arrest. _____

Did you make a statement of any kind. Yes _____ No _____

If statement was made, who was present: _____

Was statement reduced to writing or recorded? Yes _____ No _____

Did client sign any writing? Yes _____ No _____

Any reason to believe there was any concealed recording device. Yes _____ No _____

Did the arresting or interviewing officer(s) represented to you that statements had been made against you by any other person or persons. Yes _____ No _____

What were these statements?

What officer told you about such statements? _____

Name and address of person supposed to have made such statements. _____

Names and locations of all places taken by the arresting officer(s) or any other law enforcement officer. _____

Where you given any physical examination after arrest? Yes _____ No _____

If so, state where, when, and by whom. _____

Type of examination, including any blood or urine tests, etc. _____

Give the names of all persons present. _____

Did you consent to the examination. Yes _____ No _____

If so, under what circumstances. _____

Where you placed in lineup for any purpose? Yes _____ No _____

If so, where and when. _____

Names of all persons present. _____

Describe what happened at the line up. _____

Relate all conversations held with yourself or any other person. _____

State all questions that you were asked. _____

State whether you consented to the procedure followed. _____

What where you required to do or say. _____

Where you asked to reenact anything pertaining to the alleged offense. Yes ___ No ___

Please list any and all information concerning the prosecuting witness (or deceased in a murder case) that you know, including names and addresses of all persons who may be able to give additional information concerning the prosecuting witness (or deceased in a murder case). _____

Please list any other details you feel may be relevant to this matter: _____
