

**CONFIDENTIAL CLIENT  
INTERVIEW FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Court Case # \_\_\_\_\_

Interpreter Language: \_\_\_\_\_

True Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mo Rent: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Living With: \_\_\_\_\_

Length of Stay? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager / Other: \_\_\_\_\_

SSN: \_\_\_\_\_ DL # \_\_\_\_\_ State: \_\_\_\_\_ INS Status: \_\_\_\_\_

Gang Affiliation: \_\_\_\_\_ Special Need: \_\_\_\_\_

**Family History**

Birthplace: \_\_\_\_\_ Raised: \_\_\_\_\_

When to SD? \_\_\_\_\_ Why? \_\_\_\_\_

Father: \_\_\_\_\_ DOD: \_\_\_\_\_ Cause: \_\_\_\_\_

Addr, Job, etc: \_\_\_\_\_ Phone: \_\_\_\_\_

Stepparent(s) \_\_\_\_\_

Addr, Job, etc: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ DOD: \_\_\_\_\_ Cause: \_\_\_\_\_

Addr, Job, etc: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Divorce? \_\_\_\_\_ When? \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

**Marital Status**

Ever Married? ( y / n ) \_\_\_\_\_ How many times? \_\_\_\_\_ Total # of children: \_\_\_\_\_

Current Spouse/S. Other \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ DOM: \_\_\_\_\_ DOS: \_\_\_\_\_ Total # of children: \_\_\_\_\_

Prior Spouse: \_\_\_\_\_ DOM: \_\_\_\_\_ DOS: \_\_\_\_\_ Total # of children: \_\_\_\_\_

Prior Spouse: \_\_\_\_\_ DOM: \_\_\_\_\_ DOS: \_\_\_\_\_ Total # of children: \_\_\_\_\_

Children Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Custody: \_\_\_\_\_ Amt Child Support: \_\_\_\_\_

**Education**    High School Grad ( y / n ) \_\_\_\_\_    GED (y/n) \_\_\_\_\_    School: \_\_\_\_\_    Year: \_\_\_\_\_

If a Dropout, then during what grade: \_\_\_\_\_    Why? \_\_\_\_\_

College or Vocational Training ( y / n ) \_\_\_\_\_    Details: \_\_\_\_\_

Now in School or Training ( y / n ) \_\_\_\_\_    Details: \_\_\_\_\_

**Military**    (y/n) \_\_\_\_\_    Branch: \_\_\_\_\_    Start: \_\_\_\_\_    End: \_\_\_\_\_

Rank: \_\_\_\_\_    Job: \_\_\_\_\_    Discharge Type: \_\_\_\_\_

Leaving Reason: \_\_\_\_\_

**Employment**    Employed Now ( y / n ) \_\_\_\_\_    Is job still open ( y / n ) \_\_\_\_\_    How long? \_\_\_\_\_

Recent Employer: \_\_\_\_\_    Boss: \_\_\_\_\_

Address: \_\_\_\_\_    Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_    Stop Date: \_\_\_\_\_    Why? \_\_\_\_\_

# of Hours: \_\_\_\_\_    Pay: \_\_\_\_\_    Job: \_\_\_\_\_

**Prior Employer 1:** \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_    Stop Date: \_\_\_\_\_    Why? \_\_\_\_\_

Job: \_\_\_\_\_

**Prior Employer 2:** \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_    Stop Date: \_\_\_\_\_    Why? \_\_\_\_\_

Job: \_\_\_\_\_

**New Job Opening:** \_\_\_\_\_

Income Last Mnth: \_\_\_\_\_    Source: \_\_\_\_\_    Income Last Year: \_\_\_\_\_

**Criminal Record**    Juvenile ( y / n ) \_\_\_\_\_    Adult ( y / n ) \_\_\_\_\_    Felonies (y/n) \_\_\_\_\_    Prior PC 1000 ( y / n ) \_\_\_\_\_

On Probation ( y / n ) \_\_\_\_\_    Parole ( y / n ) \_\_\_\_\_    PO's Name: \_\_\_\_\_

On Good Terms with PO?: \_\_\_\_\_    PO's Phone: \_\_\_\_\_

# of FTA's: \_\_\_\_\_    FTA Reason: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Medical, Psych., or Substance Abuse Problems (circle or highlight items that apply):**

Disabled ; SSI ; Monthly Check Amount: \_\_\_\_\_

Current Medical Problems: None / epilepsy / TB / psychiatric

Other: \_\_\_\_\_

artane / ativan / buspar / cogentin / dilantin / effexor / haldol / lithium / mellaril / prolixin / prozac / risperdal / stelazine / thorazine / trilafton / valium / valproic acid / zoloft / zyprexa

Current or Past Medications: \_\_\_\_\_

Other: \_\_\_\_\_

none / heroin / crystal meth / cocaine / codiene / PCP / MJ / alcohol

Current Drug Use: \_\_\_\_\_

Other: \_\_\_\_\_

none / heroin / crystal meth / cocaine / codiene / PCP / MJ / alcohol

Past Drug Use: \_\_\_\_\_

Other: \_\_\_\_\_

Past Drug Use Start Date: \_\_\_\_\_ Past Drug Use End Date \_\_\_\_\_

Suicide Attempts ( y / n ) \_\_\_\_\_ How and When? \_\_\_\_\_

Past or Present LPS Consv ( y / n ) \_\_\_\_\_ Details: \_\_\_\_\_

Psych. Or Drug Counseling Info: \_\_\_\_\_

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**Client's Explanation of the Facts of the Case:**

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**Case Disposition Client Seeks:**