

**INITIAL INTERVIEW FORM
CRIMINAL**

TODAY'S DATE: _____ ATTORNEY: _____

COURT DATE AND TIME: _____

REFERRED BY? _____

PERSONAL INFORMATION:

FULL LEGAL NAME: _____

ALIAS(ES): _____ NICKNAME: _____

DATE OF BIRTH: _____ SSN: _____

ADDRESS: _____

CITY/COUNTY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY/COUNTY: _____ STATE: _____ ZIP: _____

LIVE WITH: _____ CHILDREN? _____ NO. _____

HOME PHONE NO. _____ CELL PHONE NO. _____

WORK PHONE NO. _____ EDUCATION:
Highest level completed: _____

CURRENT CHARGES:

CHARGE(S): _____ FELONY MISDEMEANOR

_____ FELONY MISDEMEANOR

COURT/JURISDICTION: _____

DATE OF OFFENSE: _____ COMPLAINANT: _____

OFFICER: _____ PLACE OF OFFENSE: _____

BOND AMOUNT: _____ AMOUNT YOU CAN MAKE: _____

NAME OF ALLEDGED VICTIM: _____

ADDRESS: _____ RELATIONSHIP: _____

DID YOU MAKE ANY STATEMENTS/ADMISSIONS?

(explain in detail – time, place, circumstances)

PRIOR CRIMINAL RECORD:

DATE OF OFFENSE	CHARGE	JURISDICTION/COUNTY OR CITY	DISPOSITION: NP, DISMISSED, CONVICTION

HAVE YOU EVER FAILED TO APPEAR FOR A COURT DATE? _____

HOW LONG A RESIDENT OF VIRGINIA? _____

IN THE COUNTY/CITY? _____

ARE YOU CURRENTLY ON PROBATION? _____

Olmstead & Olmstead, P.C.

Rev/08

Initial Consultation Form (Criminal)

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IF YES, PROBATION OFFICER'S NAME? _____

EMPLOYMENT:

EMPLOYER NAME: _____

ADDRESS: _____

PHONE NO. _____ SUPERVISOR: _____

HOURS AT WORK: _____ DAYS YOU WORK: _____

LENGTH OF EMPLOYMENT: _____ JOB TITLE: _____

DO YOU DRIVE WHEN AT WORK? _____

STATUS OF DRIVER'S LICENSE? _____

POTENTIAL WITNESSES:

NAME	ADDRESS	PHONE NO.	SUMMARY OF POTENTIAL TESTIMONY

YOUR ACCOUNT OF WHAT HAPPENED: _____

IF YOU ARE A JUVENILE PROVIDE THE FOLLOWING INFORMATION:

FATHER'S NAME: _____

MOTHER'S NAME: _____

SCHOOL: _____

EXTRA CURRICULAR ACTIVITIES: _____

ACHIEVEMENTS: _____

IS THERE A GUARDIAN AD LITEM APPOINTED IN YOUR CASE?
IF YES, NAME: