LAW OFFICE OF Aaron M. Kimsey — CRIMINAL DEFENSE

CRIMINAL CLIENT INTAKE QUESTIONNAIRE

DATE COMPLETED:

YOUR PERSONAL INFORMATION

Salutation	Your legal name		Name you want us to call you	Current occupation. If retired, from what?	Gross annual income
Your Mailing Address/Street		City	State/Zip	County and state of residence	
Home phone		Business phone	Date of Birth	Date of Marriage	Social Security number
Other phone		E-mail	Your health: ☐ Good ☐ Fair ☐ Poor	US Citizen: ☐Yes ☐No	
Marital Status		Are you currently on probation or parole anywhere? ☐Yes ☐ No		How many Misdemeanors/Felonies are on your record? 0 ☐ 1 ☐ 2-4 ☐ 5 or more ☐	

COMPLAINING WITNESS INFORMATION

Salutation	Name		Name you want us to call you	Current occupation. If retired, from what?	Gross annual income
Address/Street		City	State/Zip	County and state of residence	
Home phone		Business phone	Date of Birth	Date of Marriage	Social Security number
Other phone		E-mail	Your health: ☐ Good ☐ Fair ☐ Poor	US Citizen: ☐Yes ☐No	
Marital Status		Are you aware of a criminal history? ☐Yes ☐ No		Known to be a liar or untruthful? ☐ Yes ☐ No	

WITNESSES, if any (please use additional sheet if necessary)

Legal name	Sex	Present at scene or involvement?	Date of Birth	Address	Phone Number	Other Information
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ALIBI INFORMATION

Legal name	Sex	Relationship	Date of Birth		Any Special Notes
Legal name	Sex	Relationship	Date of Birth		Any special Notes

Who referred you to us?	Name	Firm	Phone

OTHER KEY PEOPLE

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone