

# CRIMINAL COURT INTERVIEW SHEET

Please complete all the information below. If a particular section is not applicable to you, you may leave it blank. Please remember that the more information we have the easier it will be to help you in your matter. Also please be advised that any information provided on this form is Attorney Client privileged and will not be provided to anyone except by court order or by your consent. Due to this fact all information must be provided otherwise we cannot provide you with a consultation with an Attorney. Your consultation will include what will happen in your case, the probable results, description of the penalties, costs and what our Attorney can do for you in your particular case. This information sheet is the property of the Law Office of H. Scott Aalsberg, Esq., P.C. and all information provided will remain confidential, and may be destroyed at any time by the Law Office of H. Scott Aalsberg, Esq., P.C.

Today's Date: \_\_\_\_\_/202\_\_\_\_

Last 4 Digits of your S.S. # \_\_\_\_\_

Name: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

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

Country of Birth: \_\_\_\_\_ US Citizen? \_\_\_\_\_

\_\_\_\_\_

If not US Citizen what is your statue here: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name, address, of employer: \_\_\_\_\_

\_\_\_\_\_ How Long have you worked for this employer \_\_\_\_\_

Are you a Student? \_\_\_\_\_ If so what is your major? \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of children or other dependents: Children \_\_\_\_\_ Other Dependents \_\_\_\_\_

Did you spend any time in jail for this charge (yes or no) and if you answered yes, how many days in jail : \_\_\_\_\_

Present offense(s), list all charge(s): \_\_\_\_\_

\_\_\_\_\_

If anyone else was arrested and charged, list names and addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any prior convictions for this offense or any criminal offenses? If so include description of each charge, date of conviction, and place of conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ticket # \_\_\_\_\_ or Summons # (Starts with S or W): \_\_\_\_\_

Court/County: \_\_\_\_\_ Date of Appearance if set at this time: \_\_\_\_\_ Time: \_\_\_\_\_

**Please Go To Next Page⇒**

