# 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__

Name:_____

Address:_____

_____

_____

Cell Phone: (  ) _____

Home Phone Number: (  ) _____

Driver License #: _____

Date of Birth: _____

Country of Birth:_____ US Citizen? _____

If not US Citizen what is your status here: _____

Height: _____ Weight:_____ Eye Color: _____

Occupation:_____

E-Mail Address: _____

Name, address, of employer:_____

_____ Rest Assured we will Not Contact Your Employer.

Are you a Student? _____ Are you in the Military? _____

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 Turn Over To Complete Form ⇒**

Please give a complete description of the alleged offense (your version of what happened): include date, times, weather conditions, place of incident and names of all people present:

_____

_____

_____

_____

_____

_____If you need more room please ask for more paper.

Witnesses, be sure to include anyone with you at the time: (names, addresses and phone #)_____

_____

_____

_____

Injuries or property damage and If yes how much: _____

Had you consumed any drugs or alcohol within the past 24 hours prior to your current offense? If yes, please give a description below on what you consumed, when and where: _____

_____

Have you talked to any other attorneys? _____ If so, please list:_____

_____

Have you ever used the services of our office in the past? (circle one): Yes or No

To your knowledge has this law firm ever represented a party that was against you in the past? (circle one): Yes or No

How did you hear about us? (Circle one) Friend _____ Internet:_____ TV Chanell:_____
Please Insert name Please Put Name of Website You Found Us On

By signing below the client agrees that all information contained in this form is true and correct and understands that the legal advice given will be based on the information included in this form. Furthermore, you agree and understand the following: If you have a Criminal, Disorderly or Petty Disorderly Charge, or DWI and you are not a US Citizen you may be subject to deportation or removal as a result of this matter and we urge you to seek the representation of an immigration lawyer as we are not an immigration law firm and cannot give advice on immigration matters. Client also understands that any criminal conviction or arrest may lead to the forfeiture of your right to own a firearm or ammunition. By singing this agreement you agree for the free or reduced price consultation provided (normal consultation cost $350.00 per 15 minutes) not to write a review about or office unless you hire our office for your case. If you do write a review you agree to pay the sum of one hundred thousand dollars as liquidated damages whether good or bad plus the costs of our attorneys fees to collect said amount. If you hold a professional license such as a law, medical, nursing or any other local, state or federal license for work or otherwise we suggest that you contact a civil lawyer to advise you of the effect a conviction may have on your professional license and your future ability to use that license as our lawyer is a criminal lawyer and is not familiar with your license board.

_____

Sign Name Print Name Date