CLIENT QUESTIONNAIRE

THIS INFORMATION IS CONFIDENTIAL AND PROTECTED BY ATTORNEY-CLIENT PRIVILEGE.

YOUR INFORMATION

| Your full name: | | | | | | |
|-------------------------|-------------------------|----------------|-----------|-----------------------------|---------------------|----------|
| | | | e: | SSN: | | |
| Your age: | | | | | | |
| Where you live: | | | How | long have you lived there | ? | |
| Phone number: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| YOUR FAMILY | | | | | | |
| Are you (circle one) | Single Enga Divorced | aged Mai | rried | Living with a Partner | Separ | ated |
| If you are engaged/m | narried/living toget | her, name of | f spouse/ | partner: | | |
| If you have children, | please complete t | his informati | on: | | | |
| Name | | Age I | f under 2 | 1, where do they live and | with who | m |
| | | | | | | |
| | | | | | | <u> </u> |
| | ····· | | | | · · · · · · · · · · | |
| | | <u> </u> | | | | |
| | | | | | | |
| Do you pay child sup | port or does some | eone pay chi | ld suppo | rt to you? | YES | NO |
| If you pay child supp | ort, how much do | you pay eac | h month | 2 | \$ | |
| If you pay, is it a cou | | | | | YES | NO |
| 5 1 5 | . , | | arental r | ights or missing, dead or i | incarcera | ted? |
| YES NO | | - 3. on 1001 p | | gins et meenig, doud of | | |
| | | | | | | |

| If yes, please give details: | | |
|---|-------------------------------|-------------|
| Is there any pending action to terminate your parental rights or any DSS involv | rement? YES | NO |
| Have you lost your parental rights? | YES | NO |
| If so, please list the names of the children for which your parental rights have b | een terminated: | |
| Will you need to make child care arrangements when you go to court? If you have sisters and/or brothers, please complete this information: Name Age Occupation: | YES | NO |
| | | |
| | | · · · · · · |
| Complete this information about your parents or guardians: Mother's name: Age or date de | eceased | |
| Mother's work:Age or date de Father's work:Age or date de | ceased | |
| Were you raised primarily by one parent or both or someone else? One | e Both Neit | her |
| If you were raised primarily by one parent, which one? Mo If you were raised by someone other than your parents, please complete this i | other Father O nformation: | ther |
| Name: Age or date dece | ased: | |
| Relationship to you: | | |
| | ased: | |
| Name: Age or date dece | | |

Do any of your family members have a health condition for which you provide care? YES NO If yes, who is it, what is the condition and how do you care for them?

YOUR WORK HISTORY

| What kind of work do you do | o? | | | |
|---|--|-----------------------|-----------|-----------|
| If you are working now, whe | ere do you work? | | | |
| How much are you paid we | ekly or monthly? | | | |
| | s you usually work: | | | |
| How long have you had this | job? | | | |
| | ou have been arrested/charged? | | YES | NO |
| May we contact your emplo | yer? | | YES | NO |
| If you are not working now, | how are you supporting yourself? | | | |
| List your past jobs what you | ı did there and when you worked there | e: | | |
| Where | What you did | When | | |
| | | | | |
| | | | | |
| | | | | |
| NOTE: Certain criminal con keeping an occupational lice | victions can prevent you from working ense. | g in a particular job | or from g | etting or |

If you have any kind of occupational license, such as barber or health care, what is it?

Do you now or do you plan to work in the following (circle all that apply):

- schools or school services
- private security
- o airlines

• healthcare

- o transportation

o government employment

- - o child care

o military/tribal or tribal casinos

- a place that cares for the elderly/disabled
- NOTE: If you work in schools, long-term care, transportation, child care, elderly care and certain other fields, you may be required to report your arrest or any conviction to your employer. Other employers may have these requirements in your work contract.



Who lives with you? _____

In your house, who pays or helps pay the rent, utilities, living expenses (such as food, cell phone)?

NOTE: If you are convicted of a criminal offense, depending on the conviction, you and/or your family can be evicted or have problems renting any kind of housing in the future. If you live in subsidized housing, you could lose that funding.

If you rent, do you have a lease?YESNODo you live in subsidized housing?YESNOHave you been threatened with eviction?YESNO

NO If yes, when is your lease up?

NOTE: If you are convicted of certain offenses, you may not be able to live within 1000 feet of a school, daycare or other places with children, even if you or the person with who you live owns the home.

EDUCATION

NOTE: If you are convicted of certain crimes, like possession of a weapon at school or committing sex crimes or arson at a school, you will be expelled from school. Other crimes, such as assault or bomb threats, can also result in suspension or expulsion. You may be able to petition to get back into school after a period of time has passed.

Are you in school?YESNOHave you talked to any school officials about your case or received any communication about your
case from them?YESNO

If you have, to whom did you speak and/or what was the communication?

STUDENT LOANS

| In many cases, a drug conviction while a student is receiving student loans will affect th ability to get student loans will likely be suspended for at least a year. You may want to your loan advisor at school. | | |
|--|-----|----|
| Are you receiving student loans? | YES | NO |
| | | - |
| Will you need student loans in the future? | YES | NO |
| YOUR HEALTH | | |
| Do you have any physical illness or disabilities? | YES | NO |
| If yes, describe the condition, how you are being treated and how they affect you: | | |
| | | |
| Are you taking any prescribed medicine? | YES | NO |
| If yes, what is it? | | |
| Are you being treated for any mental health condition, including addiction? | YES | NO |
| If yes, describe the condition(s) and how you are being treated: | | |
| | | |
| De veu heve /ever heen teld that veu heve addiction isource, including clashel? | | |
| Do you have/ever been told that you have addiction issues, including alcohol? | YES | NO |
| If yes, have you ever received treatment? | YES | NO |
| If yes, when and where? | | |
| Are you interested in treatment now? | YES | NO |
| | | |
| Attorney-Client Privileged Information | | |

PUBLIC BENEFITS

NOTE: In many states, including North Carolina, if you are convicted of a drug-related felony you will be unable to receive cash assistance, like TANF (Temporary Assistance for Needy Families, also called WF, Work First). Some other convictions and time in custody may affect other public benefits.

Do you receive public assistance, including SSI: If yes, list them and how much you receive: YES NO

YOUR CITIZENSHIP

If you are not a U.S. citizen, a plea or a criminal conviction could lead to your removal from the United States. This office has access to consults with immigration lawyers through Indigent Defense Services. Please answer these questions:

Where were you born?

What is your immigration status and what, if any, proceedings are pending regarding that status?

MILITARY SERVICE:

Have you ever served in the military?

YES NO

If yes, when did you serve?

If yes, what type of discharge did you receive?

NOTE: Men age 18-26 must register for the Selective Service. Failure to register can result in denial of certain types of government loans and benefits. If you are a man over 18 and have not registered and are likely to be incarcerated until after your 26th birthday, you should try to register now.

If yes, which branch of the military?

If you are a man between the ages of 18-26, are you registered? YES NO

TRANSPORTATION

| What transportation do you use most? | BUS | I DRIVE | SOMEONE DRIVES ME | | |
|--|-----------|-----------------|-------------------------------|-----------|----|
| Other: Hov | v will yc | ou get to court | :? | | |
| DRIVER'S LICENSE | | | | | |
| NOTE: Certain drug and alcohol convid driver's license. | ctions, n | not just DWIs, | can affect your ability to ge | t or keel | ра |
| Do you have a driver's license? If yes, in which state? | | | | YES | NO |
| If your driving record is relevant to the | charges | s, your attorne | ey will review it with you. | | |
| PROPERTY TAKEN | | | | | |

If the police took any of your personal property, such as a cell phone, car or computer, it may not be possible to have it returned until after the case is concluded. Your attorney may seek a return before or at the time of disposition. Your attorney will not be able to do this after the conviction. Was any property taken from you? YES NO If yes, do you have the receipt/return of service for that property? YES NO What property was taken?

ANY CONVICTIONS

If you have any convictions, list them below and include the county or state and the dates of the convictions. Your attorney will review your record as provided by the State with you.

| Are you on probation or post-supervision release? | | | | |
|--|----------|---------------|--|--|
| NO YES- PROBATION YES- POST-SUPERVISION RELEASE | | | | |
| If you are on probation or post-supervision release, does your probation officer know a | bout the | ese new | | |
| charges? | | NO | | |
| | | | | |
| OTHER PENDING CHARGES | | | | |
| Do you have other charges pending anywhere, including probation violations? If yes, what are the other charges? | YES | NO | | |
| | | | | |
| If yes, in which county or State are you charged? | | | | |
| If yes, who is your attorney for the other charges? | | | | |
| THE PRESENT CHARGES | | | | |
| Date of arrest: | | | | |
| Location of the arrest: | | | | |
| Officer/Agency: | <u> </u> | , | | |
| Were you or your house or car searched? | YES | NO | | |
| Was there a search warrant? | YES | NO | | |
| Do you recall signing anything? | YES | NO | | |
| Will the officer say you said something? | YES | NO | | |
| Will the officer say they took something from you or from your car or house? | YES | NO | | |
| Client's memory of arrest, search, statements, witnesses, character witnesses: | | | | |
| | | | | |
| | | ···· | | |
| | | | | |
| | | | | |
| | | | | |
| Attorney-Client Privileged Information | | | | |

Page

| | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| Attorney-Client Privileged Information | |
| | |
| | |

 $_{Page}9$

| *************************DO NOT WRITE BELOW THIS LINE: ATTORNEY SECTION ONLY********** | **** | | | |
|---|------|--|--|--|
| What does the client want/client's best possible outcome? | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ttorney's analysis of an evaluation of the case, defense, need for investigation and next steps (| ado | | | |
| ates): | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Page **IO**