



# CENTER FOR MILITARY LAW

PLEASE PROVIDE THE FOLLOWING INFORMATION AS ACCURATELY AND COMPLETE AS POSSIBLE. WE WILL NOT DISCLOSE ANY INFORMATION DISCLOSED UNLESS IT IS AUTHORIZED BY YOU AND PURSUANT TO WASHINGTON, D.C. AND NORTH CAROLINA STATE BAR'S RULES OF PROFESSIONAL RESPONSIBILITY. ALL INFORMATION REQUESTED IS NECESSARY TO PROVIDE OUR CLIENTS WITH THE BEST POSSIBLE REPRESENTATION. THANK YOU.

## CLIENT INFORMATION

DATE: \_\_\_\_\_

### CRIMINAL DEFENSE

CLIENT : \_\_\_\_\_

\_\_\_\_\_ FIRST MIDDLE LAST  
RANK

DR. MR. MS. OR MRS. (CRICLE ONE) MAIDEN NAME: \_\_\_\_\_

SPOUSE'S FULL NAME, IF MARRIED: \_\_\_\_\_

IS IT OKAY TO DISCUSS YOUR CASE WITH SPOUSE? YES OR NO

PLEASE LIST THE PHONE NAME AND PHONE NUMBER OF EVERY PERSON YOU AUTHORIZE US TO SPEAK WITH REGARDING YOUR CASE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE KIDS: YES OR NO HOW MANY? \_\_\_\_\_

ARE YOU PAYING CHILD SUPPORT? YES OR NO

DO THE CHILDREN RESIDE WITH YOU? YES OR NO

### PHYSICAL ADDRESS:

\_\_\_\_\_ STREET

\_\_\_\_\_ CITY COUNTY STATE ZIP

### MAILING ADDRESS:

SAME AS ABOVE: YES OR NO

\_\_\_\_\_  
STREET/PO BOX

\_\_\_\_\_  
CITY COUNTY STATE ZIP

**ELECTRONIC ADDRESS:**

PRIMARY EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

WORK EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

FACEBOOK: \_\_\_\_\_

TWEETER: \_\_\_\_\_

DO YOU CHECK YOUR EMAIL ON A REGULAR BASIS AND DO YOU FEEL COMFORTABLE WITH US SENDING NOTICES REGARDING YOUR CASE VIA EMAIL ONLY: YES OR NO

**PHONE:**

\_\_\_\_\_  
HOME WORK

\_\_\_\_\_  
CELL EMERGENCY CONTACT – NAME AND NUMBER

**IF MINOR:**

FATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERSONAL:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SSN DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER/STATE OF ISSUANCE

IS YOUR LICENSE VALID: YES OR NO

**EDUCATION:**

PLEASE CIRCLE HIGHEST LEVEL COMPLETED AND ALL APPLICABLE:

SOME HIGH SCHOOL HIGH SCHOOL GED SOME COLLEGE ASSOCIATES DEGREE

BACHELOR'S MASTERS DOCTRATE VOCATIONAL/TRADE

NAME, DATE OF COMPLETION, & LOCATION OF HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME, DATE OF COMPLETION, DEGREE EARNED, NATURE OF STUDIES IN COLLEGE/VOCATIONAL:

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**EMPLOYMENT:** ARE YOU EMPLOYED: YES OR NO

NAME AND ADDRESS OF EMPLOYER:

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JOB TITLE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

DO YOU RECEIVE DISABILITY: YES OR NO

**MENTAL HEALTH:**

HAVE YOU EVER RECEIVED MENTAL HEALTH TREATMENT/COUNSELING: YES OR NO

IF SO, PLEASE STATE TREATMENT FACILITY, NAME OF TREATING COUNSELOR, DIAGNOSIS IF ANY, MEDICATIONS TAKEN, TREATMENT RECEIVED, AND CURRENT TREATMENT: \_\_\_\_\_

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**HEALTH:**

DO YOU CURRENTLY HAVE ANY HEALTH PROBLEMS, INCLUDING DRUG AND/OR SCHOOL ADDICTIONS: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE PROBLEM AND TREATING PHYSICIAN: \_\_\_\_\_

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**MILITARY SERVICE:**

WERE YOU EVER A MEMBER OF THE ARMED SERVICES: YES OR NO

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

LENGTH OF SERVICE: \_\_\_\_\_ MOS: \_\_\_\_\_

DISCHARGE TYPE: \_\_\_\_\_ CLEARANCE: YES OR NO

UNIT: \_\_\_\_\_

**CRIMINAL  
HISTORY:**

**ARE YOU CURRENTLY ON PROBATION: YES OR NO**

IF SO, WHO IS YOUR PROBATION OFFICER AND THEIR PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

IF SO, PLEASE STATE THE COUNTY WHERE YOU ARE SUPERVISED: \_\_\_\_\_

IF SO, PLEASE STATE THE COUNTY WHERE YOU WERE CONVICTED, THE NATURE OF THE CHARGES, THE LENGTH OF PROBATION, AND THE LENGTH OF ANY ACTIVE SENTENCE SHOULD YOUR PROBATION BE TERMINATED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE ANY OTHER PENDING CHARGES: YES OR NO**

IF SO, WHAT ARE THE CHARGES, COUNTY WHERE PENDING, UPCOMING COURT DATES, THE NAME AND PHONE NUMBER OF AN ATTORNEY IF YOU ARE REPRESENTED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY: YES OR NO**

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: \_\_\_\_\_

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**HAVE YOU BEEN CONVICTED OF A MISDEMEANOR: YES OR NO**

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: \_\_\_\_\_

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**CURRENT CHARGES:**

WHAT ARE YOU CHARGED WITH: \_\_\_\_\_

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WHAT STATE, COUNTY, OR INSTALLATION? \_\_\_\_\_

IF APPLICABLE, AGENCY AND NAME OF LAW ENFORCEMENT OFFICER: \_\_\_\_\_

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**DO YOU HAVE CODEFENDANTS: YES OR NO**

IF SO, STATE THE NAME OF THE CO-DEFENDANTS AND THEIR ATTORNEY NAMES: \_\_\_\_\_

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**HAVE YOU MADE A STATEMENT REGARDING YOUR CHARGES: YES OR NO**

IF SO, TO WHOM: \_\_\_\_\_ DATE: \_\_\_\_\_

WHERE GIVEN: \_\_\_\_\_

WHO WAS PRESENT WHEN STATEMENT GIVEN: \_\_\_\_\_

\_\_\_\_\_

DATE OF OFFENSE? \_\_\_\_\_ DATE ARRESTED? \_\_\_\_\_

DID YOU SPEND ANY TIME IN JAIL PRIOR TO BE BONDED? YES OR NO

HOW MANY DAYS? \_\_\_\_\_ BOND AMOUNT? \_\_\_\_\_

*PLEASE REFRAIN FROM DISCUSSING YOUR CASE WITH EVERYONE. IF YOU HAVE A FACEBOOK, TWEETER, MYSPACE OR OTHER SIMILAR ACCOUNT PLEASE DO NOT MAKE ANY REFERENCES TO YOUR CASE. ONLY DISCUSS THE CASE WITH YOUR ATTORNEY. ANY STATEMENT YOU MAKE CAN AND WILL BE USED AGAINST YOU.*