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**NEW CRIMINAL CLIENT QUESTIONNAIRE**

**YOUR INFORMATION**

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Reason for your consultation: \_\_\_\_\_

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

Number of Marriage(s): \_\_\_\_\_

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

County \_\_\_\_\_

Years lived at: \_\_\_\_\_

Mailing Address:  Home  Work

Other

If other, please specify: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Phone Numbers: (Check the best number where, if necessary, Attorney can leave a message)

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email Address (Personal, Not Employer): \_\_\_\_\_

Please do not share the password for this e-mail address, as we will be sending you correspondence regarding your case. E-mails sent to you on our behalf are covered under attorney-client privilege unless they are accessed by a third party.

Date of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Are you employed?  Yes  No

Employer: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

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

\_\_\_\_\_ Time at Employer: \_\_\_\_\_

**SPOUSE OR NEXT OF KIN'S INFORMATION**

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

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

County: \_\_\_\_\_

Years Lived at: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Years known: \_\_\_\_\_

Is the person employed?  Yes  No

Employer: \_\_\_\_\_

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

\_\_\_\_\_ How long? \_\_\_\_\_

**GENERAL INFORMATION**

Have you been arrested before?  Yes  No

How many times have you been arrested? \_\_\_\_\_

Check Type of Matter:  Misdemeanor  Felony  VOP  Other: \_\_\_\_\_

Date of Sentence if on probation: \_\_\_\_\_ County of probation: \_\_\_\_\_

Sentence terms: \_\_\_\_\_

Probation Officer's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Have you had your probation revoked or modified before? If so, to what?

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

### **BOND CONDITIONS**

How much was your bond and how was it posted? \_\_\_\_\_

Please list the any special conditions of bond:

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

### **PRIOR CONVICTIONS**

Offense/Type:

Date:

Disposition/Sentence:

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

Have you participated as a party, witness, or in any other capacity in any litigation or criminal case, in this or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any information of any information that may be relevant to any case currently pending in any court of this state or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **PRIOR PROCEEDINGS REGARDING ACTS UNDER FVA**

Have there been any other proceedings between you and a third party under the FVA?  Yes  No

If so, please identify: \_\_\_\_\_

\_\_\_\_\_

Are you attending counseling?  Yes  No

If yes, please provide the names of the counselor(s) and the dates that you attended counseling:

\_\_\_\_\_

### **REPRESENTATION**

Have you consulted with another attorney regarding this matter?  Yes  No

If yes, please list the attorney(s): \_\_\_\_\_

Are you currently represented by this attorney?  Yes  No

If so, why are you seeking other representation?

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