

CONFIDENTIAL INTERVIEW QUESTIONNAIRE

I. BACKGROUND INFORMATION

Contact Information:

First Name: _____ Last Name: _____

Aliases Used: _____

Nickname: _____

Age: _____ DOB: _____

Social Security #: _____

Drivers License #: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Facebook, MySpace, Twitter, etc.

name(s): _____

**** You are advised to remove all social networking sites/profiles until your case is fully closed and you have served all probation, terms of restitution, community service, counseling and etc. The prosecutor, the Judge and the victims (if applicable) monitor these sites. Certain pictures and on-line discussions contained on these sites may find you toforms.html be in violation of your Ancillary Conditions of Bond, your probation or other orders of the court.**

Home Phone: _____

Cell Phone: _____

Length of time at current address: _____

Own: _____ Rent: _____ Other: _____

Who do you live with? (Circle One) Self Spouse Significant Other Parents Other: _____

Do you authorize us to discuss your case facts, privileged and confidential information with family members?

(Circle One) YES NO

If yes, please designate ONE family member to serve as a primary contact:

Name: _____

Cell Phone: _____

Relationship: _____

How did you hear about The Gilbert G. Garcia Law Firm?

Please select all that apply:

I already knew Gilbert G. Garcia

Referral: A friend, family member or co-worker (please circle one)

Brochure/mailer received at my house

Internet/Website

Phone Book (Please specify which book: _____)

Other: _____

If you were referred, please state the name of the person that referred you: _____

Education & Employment History:

Highest Grade Completed: _____

High School Attended: _____

College Attended: _____

Did you obtain a GED? (Circle One) YES (Date: _____) NO

Current Employer: _____

Current Occupation/Job Duties: _____

Work Address: _____

Business Phone: _____

Length of Current Employment: _____

Prior Employment History (last five years):

Employer Occupation/Job Duties Length of time you held job

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Have you recently been involved in any unusual work/activities that might cause: (Circle & Explain)

- a. Fatigue
- b. Eye strain
- c. Muscle strain

In your current occupation, are you near any fumes or chemicals that affect your eyes, balance, speech, or general health?

(Circle One) YES NO

If yes, Explain:

Car Information:

Type of Automobile: Make/Model: _____ Color: _____ Year
: _____

Personal Information:

Immigration Information: (Circle One) US Citizen Resident Alien INS Hold

Please list all physical handicaps, distinguishing marks, glasses, mustache and etc:

Religion: _____ Name of church: _____

Name of Pastor: _____

Marital Status: (Circle One) Married Common Law Divorced Widow Separated Single

Spouses Name: _____ Age: _____

Length of Marriage: _____

Spouses Occupation: _____

Spouses Business Phone: _____ Spouses Cell Phone:

Children: (Name, Age, Occupation, Marital status)

Parents Name(s):

Parents Address:

City: _____ State: _____ Zip: _____

Parents Occupation: _____

Parents Business Phone: _____

Parents Cell Phone: _____

Military Service: (Including branch of service, length of service or honorable discharge)

General Health Information:

1. What is your:

a. Weight: _____

b. Height: _____

c. Type of build: _____

2. What is your drinking and drug experience:

a. Do you drink alcohol? (Circle One) YES NO

b. What age were you when you started drinking: _____

c. What type of alcohol do you usually drink: _____ (i.e. wine, whiskey, beer, etc.)

d. How many times a week you drink: _____

e. How much do you generally drink at those times: _____

f. Have you ever used drugs? (Circle One) YES NO

g. If YES, please list the drugs you have used: _____

h. How long have/did you use the above mentioned drugs? _____

i. How often do/did you use the above mentioned drugs? _____

j. When was the last time you used the above mentioned drugs? _____

k. Do you think you are addicted to drug(s) or alcohol? _____

3. Do you have any of the following problems or illnesses: (Answer yes or no)

a. Diabetes _____ when diagnosed _____ medication (s) _____

b. Heart trouble _____ when diagnosed _____ medication (s) _____

c. High blood pressure _____ when diagnosed _____ medication (s) _____

d. Please list all other physical health issues:

4. Have you had any operations within the last 90 days? _____

If yes, please explain:

5. How is your general health? Great Good Fair Poor (Circle One)

Explain:

6. What types of prescription and non-prescription drugs do you take:

7. Have you been on any special diet or exercise programs lately? (Circle One) YES NO

If yes, please

explain: _____

8. Have you ever been inpatient for drugs/alcohol? (Circle One) YES NO

9. Please list all mental health information and inpatient information below:

Facility Date Type of Care Name of Doctor/Therapist

1. _____
2. _____
3. _____
4. _____
5. _____

Criminal History (Including Juvenile):

Have you ever been arrested? (Circle One) YES NO

If yes, please complete the following for all Arrests, Convictions, Probation, Parole and Bond Information:

Charge Date County Court Results/Sentence

1. _____
2. _____
3. _____
4. _____
5. _____

Has your probation/parole ever been revoked? (Circle One) YES NO

Probation/Parole Officers Name: _____

Have you ever been to boot camp? (Circle One) YES NO

If you have previously received probation, was it deferred or straight probation? _____

Has your drivers License ever been suspended? _____

If so, why? _____

Was it drug/alcohol related? _____

Date of Suspension: _____

Other pending criminal charges or legal issues:

Charge Date County Court Circumstance

1. _____
2. _____
3. _____

II. CASE INFORMATION

Date of arrest: _____

Time of arrest: _____

Place of arrest: _____

Please list all pending charges: _____

What was the arresting agency- DPS, City Police, County Sheriff:

What County: _____

What Court: _____

Bond Amount: _____ Bond Company: _____ Fees: _____

Contract: _____ Assignment: _____

Were there co-defendants? (Circle One) YES NO

If yes, please provide the following information for each co-defendant:

Name Age Address Phone # Lawyers Name

1. _____
2. _____

3. _____

Please explain who is pressing the charges:

Name Address Phone # Relation

1. _____

Was there a search of your car or house? (Circle One) YES NO

If yes, please explain:

Was there a search warrant? (Circle One) YES NO

Did you consent to the search? (Circle One) YES NO

Was anything obtained during the search? (Circle One) YES NO

If yes, please explain:

Did you talk to the arresting officer? (Circle One) YES NO

If yes, please explain:

Did you sign a written statement? (Circle One) YES NO

If yes, please explain:

Did you sign anything else for the arresting officer? (Circle One) YES NO

If yes, please explain:

Did you know the victim? (Circle One) YES NO

If yes, please explain:

Was the property returned? (Circle One) YES NO

If yes, please explain:

Was there any type of assault? (Circle One) YES NO

If yes, please explain:

Was a weapon involved: (Circle One) YES NO

If yes, please explain:

Witness Information:

Fact Witnesses:

Name Relation Address Phone # Occupation Criminal
Record

1. _____

2. _____

3. _____

Character Reference Witnesses:

Name Relation Address Phone # Occupation Criminal Record

1. _____
2. _____
3. _____

Please give as much detail as possible and state all you remember about your case. Include information about being stopped and arrested such as: why you were stopped, any field sobriety tests you performed on the road, questions asked or statements made by the officer, statements you made to the officer, physical abuse inflicted upon you by the officer, any regurgitation by YOU, breath or blood tests given, video taken and etc.

DWI/BWI/License Suspension Cases Only:

1. Examinations Performed by Law Enforcement:

Blood: Provided or Refused? (Circle One) Results: _____

Breath: Provided or Refused? (Circle One) Results: _____

Fingerprint: _____ Video tape: _____

Please list all field sobriety tests taken: (Check all that apply)

_____ Walk & Turn _____ HGN (pen/eye test)

_____ One Leg Stand _____ ABCs

_____ Finger Touch _____ Other: _____

2. For the twenty-four (24) hours before your arrest, please state:

a. Time you awoke: _____

b. Number of hours of sleep: _____

c. Time of meals you ate: _____

d. Type of meals eaten: _____

e. Type of intoxicant you drank or ingested: _____

f. Brand of intoxicant you ingested: _____

g. Approximately how many ounces of alcohol ingested: _____ oz

h. Total number of drinks: _____ (Please specify below the number of each type)

Wine: _____

Mixed Drinks: _____

Beer: _____

i. Were they Bar Drinks or Home Poured Drinks? (Circle One)

j. Time of first drink: _____

k. Time of last drink: _____

I. Were you mixing alcohol and other substances such as: pills, cough syrup, antihistamines, illegal substances or etc.? If yes, please explain: _____

3. Have you ever been convicted of an offense prohibiting the operation of a motor vehicle while:

- a. Intoxicated: (Circle One) YES NO
- b. Under the influence of alcohol: (Circle One) YES NO
- c. Under the influence of a controlled substance: (Circle One) YES NO

4. Have you ever refused to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle while:

- a. Intoxicated: (Circle One) YES NO
- b. Under the influence of alcohol: (Circle One) YES NO
- c. Under the influence of a controlled substance: (Circle One) YES NO

5. Have you ever had an analysis of your breath or blood specimen showing an alcohol concentration of a level specified by Section 49.01, Texas Penal Code, following an arrest for an offense prohibiting the operation of a motor vehicle while intoxicated?
(Circle One) YES NO