

Attachment A

Sample Interview Sheet

Date_____ Interviewer_____

Client name_____ Goes by/Alias_____

CHARGE(S)

Address_____

Time at address_____ Time in County_____ PHONE_____

Previous Address/ place of residence_____

Family History: Marital Status_____ Living with_____

Family in area_____

Children (names and ages)

Persons Supporting_____

Employed_____ (circle one) current past unemployed How long_____

Education_____ Awards_____ Activities_____ GPA_____

Military (if yes) Branch_____ Years_____

Criminal History

Probation Yes/No _____ Pending Charges Yes/No_____

Medical History

Medications: Current_____ Past_____

Injuries or Disabilities_____

Any problems with alcohol/drugs/prescription medicine

Current Doctor _____

Client's Statement of Case
