

Sample Interview Sheet

Date _____

Interviewer _____

Client name _____

DOB: _____

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
