

NEW CLIENT QUESTIONNAIRE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Single\_\_ Married \_\_ Divorced \_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Children (#/Ages): \_\_\_\_\_

Email: \_\_\_\_\_ Education: \_\_\_\_\_

Alt. Email: \_\_\_\_\_

\*Only list email if you frequently view email acct. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other (List any organizations,

Home Phone: \_\_\_\_\_ extra-curricular activities, awards

Work Phone: \_\_\_\_\_ or other positive information you

Work Information: \_\_\_\_\_ want us to know about you):

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Other Job Info: \_\_\_\_\_

\_\_\_\_\_

Alternate Contact Information (Name(s)/Number(s)): \_\_\_\_\_

\_\_\_\_\_

CRIMINAL HISTORY

Offense      Location      Year      Result(Jail/Probation/Diversion/Fine/Pending)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Criminal History? \_\_\_\_\_ (Use Backside of Page)

List any traffic citations you have had in the last 2 years: \_\_\_\_\_

\_\_\_\_\_

How did you hear of us: Referral \_\_ Web \_\_ Dex Phone Book \_\_ Yellow Book \_\_