

# ALFONSO C. HERNANDEZ LAW, PLLC

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## CLIENT INFORMATION WORKSHEET

*(INFORMATION SUBJECT TO AND PROTECTED BY ATTORNEY-CLIENT PRIVILEGE)*

1. Client's Full Name: \_\_\_\_\_

2. Client's Address: \_\_\_\_\_

Client's Telephone (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Alias, nicknames: \_\_\_\_\_

4. Age: \_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Citizenship: \_\_\_\_\_ SSN: \_\_\_\_\_

How long in state: \_\_\_\_\_

5. Physical characteristics

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Complexion: \_\_\_\_ Facial Hair: \_\_\_\_\_

Scars/birthmarks/tattoos: \_\_\_\_\_

6. Home Address: \_\_\_\_\_

7. How long: \_\_\_\_\_

8. Persons living with client

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

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

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

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

9. Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's present address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If spouse employed: \_\_\_\_\_

a. Name of Employer: \_\_\_\_\_

b. Job Description: \_\_\_\_\_

c. Business address and phone number: \_\_\_\_\_

Name(s) and Address(es) of former spouse(s): \_\_\_\_\_

\_\_\_\_\_

10. Children and Dependents

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>	<u>Amount of support</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Parents

Mother living? \_\_\_\_\_ Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Address: \_\_\_\_\_  
Father living? \_\_\_\_\_ Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Address: \_\_\_\_\_  
Raised by Parents YES/NO. If no, name and address of \_\_\_\_\_ person(s) who raised Defendant  
\_\_\_\_\_  
\_\_\_\_\_

12. Language ability

English Speak: YES/NO Write: YES/NO Read: YES/NO  
Other Speak: \_\_\_\_\_ Write: \_\_\_\_\_ Read: \_\_\_\_\_

13. Education

Highest grade completed: \_\_\_\_\_  
Name of High School: \_\_\_\_\_  
Year Completed: \_\_\_\_\_  
College: \_\_\_\_\_  
Year Completed: \_\_\_\_\_  
Vocational School: \_\_\_\_\_  
Year Completed: \_\_\_\_\_

14. Employment

Where employed: \_\_\_\_\_  
Job description: \_\_\_\_\_  
How long? \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Previous employer: \_\_\_\_\_ How long: \_\_\_\_\_  
Reason for termination: \_\_\_\_\_  
Union affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_  
If unemployed, has not worked since: \_\_\_\_\_

Presently receiving unemployment compensation: \_\_\_\_\_

Disability Income: \_\_\_\_\_

15. Military Service

Branch of service: \_\_\_\_\_ Length of service: \_\_\_\_\_

Final rank: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Honors, medals, awards: \_\_\_\_\_

Combat duty: \_\_\_\_\_ Service abroad: \_\_\_\_\_

Courts-martial: Charge \_\_\_\_\_ Outcome \_\_\_\_\_

Charge \_\_\_\_\_ Outcome \_\_\_\_\_

16. Health

Present state of health: \_\_\_\_\_

If under doctor's care, name and address of doctor: \_\_\_\_\_

Chronic health problems: \_\_\_\_\_

Type of treatment: \_\_\_\_\_

Medication(s): \_\_\_\_\_

If previous hospitalization, name and address of hospital and dates hospitalized

Drug Addiction: \_\_\_\_\_ Past: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Epilepsy or strokes: \_\_\_\_\_

Traumatic head injury: \_\_\_\_\_

Evaluation or treatment by psychiatrist or psychologist: \_\_\_\_\_

Name and address of doctor: \_\_\_\_\_

Duration: \_\_\_\_\_ Outcome: \_\_\_\_\_

Psychiatric hospitalization: \_\_\_\_\_

Name and address of hospital: \_\_\_\_\_

Dates: \_\_\_\_\_

Family history of psychiatric disorders: \_\_\_\_\_

17. Prior criminal record (including juvenile record)

Prior arrests

<u>Location</u>	<u>Date</u>	<u>Charges</u>	<u>Outcome</u>	<u>Attorney Name</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior convictions

<u>Location</u>	<u>Date</u>	<u>Charges</u>	<u>Outcome</u>	<u>Attorney Name</u>
_____				
_____				

Disposition: \_\_\_\_\_ Time served: \_\_\_\_\_  
Location: \_\_\_\_\_ Date released: \_\_\_\_\_  
Currently on probation or parole: \_\_\_\_\_  
Name and address of supervising officer: \_\_\_\_\_  
\_\_\_\_\_

18. Religion

Religious affiliation: \_\_\_\_\_ Active Member: \_\_\_\_\_  
Name and address of minister, rabbi or priest: \_\_\_\_\_  
\_\_\_\_\_

19. References/character witnesses

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____			
_____			

20. Previous counsel in this matter: \_\_\_\_\_

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

21. Bail set: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_

Bail posted: \_\_\_\_\_ Posted by: \_\_\_\_\_  
Address: \_\_\_\_\_ Other security: \_\_\_\_\_  
Name of Bondsman: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

If not posted, persons who can assist in posting bail:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____			
_____			

22. Were any of the following scientific tests made after arrest?

Blood test: YES/NO      Urine sample: YES/NO      Hair sample: YES/NO  
Fingerprints: YES/NO      Photographs: YES/NO      Voice exemplars: YES/NO  
Handwriting exemplars: YES/NO      Swabs: YES/NO

Duration and extent of tests: \_\_\_\_\_

Any statements to police or doctor during tests: \_\_\_\_\_

\_\_\_\_\_

23. Line-up and Identification

In-field show up? YES/NO      Defendant under arrest at the time: YES/NO

Name(s) of witness(es), if known: \_\_\_\_\_

Line-ups conducted: YES/NO      Location: \_\_\_\_\_

Date: \_\_\_\_\_      Warning of right to counsel: YES/NO

Details of Line-up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Circumstances of Arrest: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_      Time and place: \_\_\_\_\_

Arrest warrant: YES/NO

Witness's(es's) name(s) and address(es): \_\_\_\_\_

\_\_\_\_\_

Physical condition at time of arrest: \_\_\_\_\_

Illness: \_\_\_\_\_

Alcohol: \_\_\_\_\_      Drugs: \_\_\_\_\_

Other persons arrested: \_\_\_\_\_

Were *Miranda* warnings given? YES/NO

Did client say anything? YES/NO

If so, what: \_\_\_\_\_

Did client resist arrest? YES/NO

Excessive force by officers: YES/NO

Names, if known: \_\_\_\_\_

How soon after arrest was client taken before magistrate: \_\_\_\_\_

25. Search Issues

Was search conducted? YES/NO      Search Warrant Used? YES/NO

Scope of Search: \_\_\_\_\_

Client's person: YES/NO      Residence: YES/NO

Place of employment: YES/NO      Automobile: YES/NO

Consent given: YES/NO

Items client was carrying when arrested: \_\_\_\_\_

Drugs: YES/NO If so, what: \_\_\_\_\_

Pills: YES/NO If so, what: \_\_\_\_\_

Weapons: YES/NO If so, what: \_\_\_\_\_

Other: \_\_\_\_\_

What property was confiscated by officers: \_\_\_\_\_

Names of officers conducting search, if known: \_\_\_\_\_

26. Statements by Client:

Were *Miranda* warnings given? YES/NO

Written: YES/NO Oral: YES/NO

Did client waive rights? YES/NO

In writing: YES/NO Orally: YES/NO

Did client ask to see family member, probation officer, or attorney? YES/NO

If so, who: \_\_\_\_\_

Was request honored? YES/NO

How long did questioning continue? \_\_\_\_\_

Who conducted questioning? \_\_\_\_\_

Did client make statement? YES/NO

In writing: YES/NO Orally: YES/NO

Tape recorded? YES/NO Videotaped? YES/NO

Stenographer? YES/NO

If written, did client sign statement? YES/NO

What did client say? \_\_\_\_\_

Who else was present? \_\_\_\_\_

Did client request that interrogation cease? YES/NO

What happened? \_\_\_\_\_

Was client told of statements by co-defendants or witnesses implicating client?

Was client confronted with any evidence? YES/NO

Did client say anything to anyone other than interrogating police officers? YES/NO

To whom: \_\_\_\_\_

What was said? \_\_\_\_\_

Physical condition at time of statement:

Illness: \_\_\_\_\_

Injury: \_\_\_\_\_ Under medication: \_\_\_\_\_

Narcotics or other drugs: \_\_\_\_\_

Lack of sleep? YES/NO

Deprivation of food or water? YES/NO

27. Other Defendants

Other persons involved in alleged incident

Names                      Addresses

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

Witnesses

Names                      Addresses

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

Other persons arrested

Names                      Addresses

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

Statements by other defendants: \_\_\_\_\_

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

Counsel for other defendants, if known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date