WALL LAW OFFICE CLIENT INFORMATION

FACESHEET DATA				
Client's Court Name:	Last Name:	First Name:	Middle Name:	Generation:
Client's True Name:	Last Name:	First Name:	Middle Name:	Generation:
District:		Docket/Dft. No.:		
Judge/Magistrate:		Sentence Date:		
Assigned Officer:		Arrest Date:		

Prosecutor/U.S. Attorney Phone:	Court Phone:
Prosecutor/U.S. Attorney Address:	Court Address:

Client Identifying Data						
Date of Birth:	Age:	Race:			Hispanic Origin:	
Sex:	FBI:		SSN:		State ID No.:	
Register/Marshal's No.:	ICE No.:		No. of Dependents:			
Country of Birth:			Citizenship:			
Country of Citizenship:			Immigration Status:			
Place of Birth:			Height:	Weight:	Eye Color:	Hair Color:

Identifying Marks:

Client Names: (list every name Client has ever used)							
Client's Current Residence Address				Client's Current Legal Address			
Address: (line 1)				Address: (line 1)			
Address: (line 2)				Address: (line 2)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Residence Phone No.:	Mobile Phone No.:		Pager Phone No.:		E-Mail Address:		

Referral Date: Interview Date:

Client Photo:

OFFENSE DATA

CHARGES AND CONVICTIONS

Type of Charging Document:	Superseding? ☐	Date Information/Indictment filed:
Date of Conviction:	Convicted by: Guilty Plea/Plea of Nolo Contendere ☐ Court Trial Verdict ☐ Jury Trial Verdict ☐	

	Title	Section/Subsection	Offense Level	Description

RELEASE STATUS

In Federal Custody Since:		In Non-Federal Custody Since:	
Date Released on Bond:	Type of Bond:	Amount of Bond:	PTS Supervision?

DETAINERS

No Detainers: ☐

	Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

No Codefendants: ☐

	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.

RELATED CASES

No Related Cases: ☐

	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.

PLEA AGREEMENT

Type of Plea Agreement: None ☐ Written ☐ Oral ☐ | Substantial Assistance Motion: ☐ (check if applicable)

Was Agreement: Accepted ☐ Deferred ☐ Binding ☐

Notes:

VICTIM IMPACT

No Loss: ☐

	Company/Corporation Name or Victim Name	Financial Loss	Company/Corporation Address or Victim Address	City	State	Zip Code	Phone
	Loss to all victims:						

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

CLIENT'S STATEMENT REGARDING OFFENSE

Client's Statement Regarding Offense:

CLIENT'S CRIMINAL HISTORY

The Client has no Criminal History.

	Date of Referral/ Arrest	Convictions	Agency/City/State	Court/City/State	Date Sentence Imposed	Disposition	Rep. by Counsel Waived?

PENDING CHARGES AND SUPERVISION

The Client has no pending charges. ☐

	Date of Arrest	Charge/ Conviction	Case No.	Court	City	State	Date Sentence Imposed	Disposition	Rep. by Counsel Waived?

The Client is not currently under supervision. ☐

If yes, what type of supervision is the Client under?

Diversion Parole Probation Escape Status Supervised Release In Custody

Name of Jurisdiction:

Supervising Officer's Name:	Supervising Officer's Telephone Number:

PARENTS AND SIBLINGS

(List the Client's biological parents. If Client was reared by persons other than his naturals, add the surrogate parent's names immediately below the space allocated for Father and Mother. After the parents, list all siblings, living or deceased.)

	Name	Relationship	Age	Address/Telephone Number	Occupation
		Father			
	Current: Maiden:	Mother			

Notes regarding family history; identify any significant problems.

MARITAL HISTORY

Current Marital Status: Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Unknown ☐ Widowed ☐

	Name	Marital Status	Citizenship	Address/Telephone No.	Dates of Marriage	No. of Children
	Current:					

CHILDREN

The Client has never had any children. ☐

	Name of Child	Name of Other Parent of Child	Age	Custody/Support	Address/Telephone No.

Note health problems, criminal history, substance abuse, or any other significant information.

PHYSICAL CONDITION

Health and Wellness Status

- ☐ None. The Client has no history of health problems.
- ☐ Minor medical problems only.
- ☐ Significant medical disorder (under control but follow-up care required).
- ☐ One or more chronic or recurrent medical problems.
- ☐ Uncontrolled significant disorder.
- ☐ Diagnostic evaluation or specific treatment in progress.
- ☐ Unknown.

List the dates and nature of any serious or chronic illness and medical conditions.

List all current prescriptions.

Name, address and telephone number of the Client's physician.	
Name:	Address/Telephone No.:

MENTAL AND EMOTIONAL HEALTH

Mental Health Status (check all that apply)

- ☐ No evidence of a current or past mental health condition.
- ☐ History of a mental health condition, no active symptoms.
- ☐ Mental Health condition requiring ongoing treatment.
- ☐ Has been in therapy within the last 12 months for a mental health condition.
- ☐ Currently taking medication for a mental health condition (psychotropic drug).
- ☐ Has seen a physician within the last 12 months for a mental health condition.
- ☐ Has been hospitalized within the last 24 months for a mental health condition.

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment.

List the dates of any mental health treatment and the name, address and telephone number of the mental health treatment provider.			
	Dates of Treatment	Name of Provider	Address/Telephone No.

SUBSTANCE ABUSE

Substance Abuse Status

- ☐ No substance abuse/dependence history.
- ☐ Sustained remission. (greater than 12 months of abstinence following a history of substance abuse or dependence)
- ☐ Early remission. (greater than one month, but less than 12 months of abstinence following history of substance abuse or dependence)
- ☐ Actively abusing substances. (does not meet criteria for dependence, but has abused substances in the past month)
- ☐ Actively dependent on substances. (TCU greater than 2 or has abused substances in the past month and meets three of the following: 1) Tolerance; 2) Withdrawal; 3) Taken in larger amounts and over longer period than intended; 4) Desire or unsuccessful effort to reduce or control usage; 5) Great deal of time is spent on trying to obtain, use, or recover from use; 6) Social, recreational or occupational activities are given up because of substance use; 7) Substance use is continued despite the knowledge of having a problem.

Age Drug Use Began:

Drug Use	Current	History of	Rank	Last Used	Frequency Used
Alcohol Social Drinking Only ☐	☐	☐			
Amphetamines	☐	☐			
Benzodiazepines	☐	☐			
Cannabinoids	☐	☐			
Club/Designer Drugs (include Ecstasy, GHB)	☐	☐			
Cocaine	☐	☐			
Hallucinogens (PCP, LSD)	☐	☐			
Heroin	☐	☐			
Methamphetamines	☐	☐			
Prescription Opiates	☐	☐			
Other Drug:	☐	☐			
Substance Abuse Treatment History (check all that apply)	Current	History of			
Inpatient	☐	☐			
Outpatient Treatment	☐	☐			
Self-Help (AA/NA)	☐	☐			
Confined Treatment Program (BOP)		☐			

List the dates of any substance abuse treatment and the name, address and telephone number of the substance abuse treatment provider.

	Dates of Treatment	Name of Provider	Address/Telephone No.

Describe in detail the Client's history of substance abuse and treatment. (overdose, daily cost to support habit, frequency and quantity of use)

EDUCATION AND VOCATIONAL SKILLS

What is the highest academic level achieved by the Client?	Date Education Obtained:

SCHOLASTIC HISTORY

	Name of School (List most recent first)	Address	City	State	Zip Code	Start Date	End Date	Degree, Diploma or Certificate Received

ENGLISH LANGUAGE SKILLS

- ☐ Fluent in English as primary language
- ☐ Fluent in English as secondary language
- ☐ Limited Fluency in English
- ☐ No Fluency in English
- ☐ Mute- Fluent in international sign language
- ☐ Mute- Limited or no fluency in international sign language
- ☐ Unknown

Primary Language:

Other Primary Language:

VOCATIONAL TRAINING/SKILLS (check all that apply)

- ☐ Architecture and Engineering
- ☐ Arts, Design, Entertainment and Media
- ☐ Child/Adult Care
- ☐ Community and Social Services
- ☐ Computers and Mathematics
- ☐ Construction and Extraction
- ☐ Cosmetology/Barber
- ☐ Data Processing
- ☐ Education, Training, Library Science
- ☐ Farming, Fishing, Forestry
- ☐ Finance
- ☐ Food/Lodging Services
- ☐ Healthcare
- ☐ Janitorial/Cleaning Services
- ☐ Laborer
- ☐ Landscape/Ground Maintenance
- ☐ Legal
- ☐ Life, Physical and Social Science
- ☐ Management Military Service
- ☐ Office/Clerical/Administrative Support
- ☐ Production/Assembly
- ☐ Sales
- ☐ Tradesman (Electrician/Plumber/Mechanic)
- ☐ Transportation and Material Moving
- ☐ Other:
- ☐

Does the Client have any professional license(s)? ☐ Yes ☐ No

If yes, what license(s)?

MILITARY

☐ None.	Branch of Service:	Service Number:	Date Entered:	Date Discharged:

Highest Rank:	Rank at Separation:	Decorations and Awards:	VA Claim No.:

Describe the Client's military service. Describe any court(s) martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any previous VA claims.

CURRENT EMPLOYMENT/UNEMPLOYMENT

Client's usual occupation: _____

Is Client currently unemployed? ☐ Yes

Start Date of Unemployment: _____

Excused Due To:

☐ Caregiver ☐ Long-Term Treatment
☐ Court Order ☐ Retired
☐ Disabled ☐ Student
☐ Homemaker ☐ Other _____

Company Name: ☐ Self-Employed?		Address (Street):		
Start Date:	Phone No.:	City:	State:	Zip Code:
		County:		

Hours per week:	Occupation:	Gross Income for this Employment:
Job Title:		☐ Hourly ☐ Semi-monthly ☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Yearly
How Long Employed?	Work Hours:	

Supervisor's Name:	Supervisor's Title:

Supervisor's Phone:	Supervisor Cell/Pager No.:	Supervisor's Email:

EMPLOYMENT/UNEMPLOYMENT HISTORY

	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving

	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving

Summarize any employment history over 10 years old.

Notes: