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Client Questionnaire

This information is protected by attorney-client confidentiality. It will not be released to anyone other than to Attorney Michael Finn or to select members of his staff. The information that you provide will not and cannot be used against you in your case. This information is used to help Attorney Michael Finn represent you to the best of his ability.

Today's date: _____ How did you find us? _____

Personal Information

Full legal name: _____ Do you have any aliases? Y / N

If yes, what are they? _____

Date of birth: _____ Are you a U.S. citizen? Y / N

If no, where is your citizenship and what is your U.S. immigration status? _____

Sex: M / F Race: _____ Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Eyewear prescription? Y / N Do you have any identifiable scars? Y / N

If yes, please give a description and the location of each scar: _____

Tattoos? Y / N If yes, how many tattoos do you have? _____

Please give a description and the location of each tattoo, if practicable: _____

Do any of your tattoos indicate gang affiliation? Y / N If yes, what is your gang affiliation? _____

Identifiable birthmarks? Y / N If yes, please give a description and the location of each birthmark: _____

Any other unusual identifiers that could be used in a description? Y / N If yes, please describe them: _____

Contact Information

House telephone: _____ Mobile telephone: _____

Work telephone: _____ Fax number: _____

Email address: _____

Alternate/Emergency Contact Person's name: _____

Alternate/Emergency Contact Person's phone number: _____

Where do you live (please provide full address)? _____

Who do you live with and what is your relationship to each person with whom you live? _____

How long have you lived at your current address? _____

Is your current residence your mailing address? Y / N

If no, what is your mailing address? _____

Name on mailbox? _____

Case Information

Were you arrested for this case? Y / N If yes, what was the date of arrest? _____

Time of arrest: _____ Location of arrest: _____

Arresting agency: _____ Have you been charged? Y / N

If yes, have you been charged with a felony? Y / N If no, have you been charged with a misdemeanor? Y / N

How many charges do you face? _____ What are the charges? _____

Date of alleged offense: _____ Time of alleged offense, if known: _____

Location of alleged offense: _____

Were there any eyewitnesses to the alleged offense? Y / N If yes, how many eyewitnesses were there? _____

Do you know the names of any of the witnesses? Y / N

If yes, please list the names of the eyewitnesses and each eyewitness's contact information: _____

Do you have an alibi? Y / N

If yes, please list the names of the alibi witnesses and each alibi witnesses' contact information: _____

Family Information

Marital status: Married / Single / Widower / Divorced

If married, what is your spouse's name? _____

Do you wish to keep any information about your case private from your spouse or any other member of your family? Y / N

If yes, what information do you wish to keep private and from whom? _____

Do you have children? Y / N Number of children: _____ Names and ages of children: _____

Do your children reside with you? Y / N

If no, with whom and where do your children reside? _____

Do you pay child support? Y / N If yes, how much child support do you pay? _____

Employment History

Are you currently employed? Y / N If yes, who is your current employer? _____

Employer's address: _____

Employer's telephone: _____ Your job title: _____

Job duties: _____

Length of employment: _____ Wages: _____ Number of hours per week: _____

Shift worked: Days / Nights / Swings

Name of supervisor: _____ Were you previously employed? Y / N

If yes, name of employer: _____ Your job title: _____

Job duties: _____

Employer's address: _____

Employer's telephone: _____ Period of employment: _____

Other Income

Government aid? Y / N

ADC? Y / N

Unemployment? Y / N

Worker's compensation? Y / N

Social security income? Y / N

Veteran's affairs assistance? Y / N

Disability pay? Y / N Amount of other income per month: _____ Received since: _____

Source of other income not listed above? Y / N If yes, what is the source of the income? _____

Amount of other income per month: _____ Received since: _____

Education

Are you a high school graduate? Y / N If yes, name of high school and location: _____

Date of graduation: _____ If no, do you have a GED? Y / N

If no, what was the highest school grade that you completed and where? _____

Are you a college graduate? Y / N If yes, name of college and location: _____

Date of degree: _____ Degree earned: _____

Are you currently a student? Y / N If yes: Full-time / Part-time

Name of school and location: _____

Course of study or degree you are pursuing: _____

Have you ever attended a trade school? Y / N If yes, name of school and location: _____

Type of program or certificate: _____

Did you complete the program or earn a certificate? Y / N

Do you have any other type of education not discussed above? Y / N

If yes, please describe: _____

Military Service

Serve in the Military? Y / N If yes, what Branch? _____ Entry date: _____
Discharge date: _____ Type of discharge: _____ Rank at discharge: _____
Medals or awards: _____

Driving History

Do you possess a valid driver's license? Y / N If no, is your license suspended or revoked? Y / N
If yes, what is the basis of the suspension or revocation? _____
Is the status of your driving privileges related to your criminal case? Y / N
If yes, please explain: _____

Physical Health

Are you in good physical health? Y / N If no, what physical ailment or disability do you suffer from? _____
Are you currently receiving treatment from a medical doctor? Y / N
If yes, where are you receiving your treatment? _____
How long have you been treated? _____ Are you currently taking any medication? Y / N
If so, please list your medications and dosage: _____
Is your physical health condition related to your criminal case? Y / N
If yes, please explain: _____

Mental Health

Are you in good mental health? Y / N If no, what mental health ailment or conditions do you suffer from? _____
Have you been diagnosed with this condition by a doctor? Y / N How long have you had this condition? _____
Have you ever received treatment? Y / N Are you currently receiving treatment? Y / N
If yes, where are you receiving your treatment? _____
How long have you been treated? _____ Are you currently taking any medication? Y / N
If so, please list your medications and dosage: _____
Is your mental health condition related to your criminal case? Y / N
If yes, please explain: _____

Drug or Alcohol Dependency

Are you dependant upon drugs or alcohol? Y / N If yes, what substance are you dependant upon? _____
How long have you used this substance? _____
Have you ever been diagnosed with a drug or alcohol problem? Y / N
If yes, by whom and when? _____
Have you ever received treatment for drug or alcohol dependency? Y / N
If yes, what was the name and location of the clinic or treatment provider? _____
If no, would you be willing to receive treatment? Y / N
Is your drug or alcohol use related to your criminal case? Y / N
If yes, please explain: _____