

# PIKRALLIDAS | PROBASCO

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## CRIMINAL INTAKE QUESTIONNAIRE

Today's Date: \_\_\_\_\_

### PERSONAL HISTORY:

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

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

City/State/Zip: \_\_\_\_\_ Rent/Own: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### CHILDREN:

Name(s): \_\_\_\_\_

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

Location of Children: \_\_\_\_\_

Financially responsible for children? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Court order in effect? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How much: \_\_\_\_\_

Military Service?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Location: \_\_\_\_\_ Overseas: \_\_\_\_\_

Discharge? Honorable: \_\_\_\_\_ Other: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Make/Model of Car: \_\_\_\_\_

Owner: \_\_\_\_\_

Paid for? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Payments: \$ \_\_\_\_\_ Owed: \$ \_\_\_\_\_

Lending Institution: \_\_\_\_\_

**EMPLOYMENT:**

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ How long?: \_\_\_\_\_

Salary: \_\_\_\_\_ Or Hourly Wage: \_\_\_\_\_

**HEALTH:**

Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Poor: \_\_\_\_\_

Physician: \_\_\_\_\_

Presently under Physician's care: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Describe: \_\_\_\_\_

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

Ever treated: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Facility: \_\_\_\_\_

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

Program Completed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Grade completed: \_\_\_\_\_

Vocational Training: \_\_\_\_\_ College: \_\_\_\_\_

Additional Training: \_\_\_\_\_

Skills: \_\_\_\_\_

Hobbies: \_\_\_\_\_

**LEGAL INFORMATION:**

Other Names, Alias Used: \_\_\_\_\_

Prior Record

Original Charge: \_\_\_\_\_

Conviction Charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Location: \_\_\_\_\_

Sentence: \_\_\_\_\_

If Currently on Probation

Judge: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Probation time remaining: \_\_\_\_\_

**PRESENT OFFENSE:**

Charges: \_\_\_\_\_

\_\_\_\_\_

Bond: \_\_\_\_\_

Co-Defendants: \_\_\_\_\_

\_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST WITNESSES TO EVENTS IN YOUR CASE: NAME, ADDRESS, PHONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any character or mitigating-type witnesses and their relation (Employers, Social Workers, Friends, etc )

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

