

## **PRELIMINARY CLIENT INFORMATION CHECKLIST**

NOTE: This sample is a rough guide for the defense team's initial background interview. For a variety of reasons, it should not be given to the client for him to complete on his own. Because many of the items refer to events that the client may not know or remember, the questions on this form also must be covered with the client's parents or guardians and other family members.

### **IDENTIFICATION INFORMATION**

1. Name:
2. Date of Birth:
3. Place of Birth:  
If foreign-born, add immigration status, date of immigration, reason for immigration, and consulate location.
4. SSN:
5. State of SSN Issuance:
6. Jail I.D. No.:
7. Jail Address and Telephone No.:
8. Last address/Telephone No.:
9. Driver's License No. (State of Issuance/Exp. Date):
10. Has the client ever had a different Name or Surname:
11. Legal Name Changes:
12. Nicknames:
13. Aliases used, if any:
14. Mother's Name/Current Address/Tel.:
15. Mother's Maiden Name (and any other surnames):
16. Mother's Date of Birth/Place of Birth:
17. Mother's SSN:
18. Father's Name/Current Address/Tel.:
19. Any other names of father:
20. Father's Date of Birth/Place of Birth:

21. Father's SSN:
22. Every address where client has lived since birth (with dates):

### **BIRTH, GROWTH, AND DEVELOPMENT**

23. Hospital (or other location) of birth:
24. Any known complications with mother's pregnancy (e.g., bleeding, maternal illness or disease, toxemia, etc.):
25. Any prenatal care (name of doctor/hospital/clinic):
26. Any complications at birth (e.g., full term or premature, respiratory difficulties, jaundice, known defects, etc.):
27. Any perceived difficulty in achieving early developmental tasks:

### **MEDICAL AND MENTAL HEALTH HISTORY**

28. Describe generally the client's prior access to medical and mental health care:
29. Has the client suffered serious medical problems (e.g., disease, trauma) for which he has received treatment? If so, describe:
30. Describe in as much detail as possible any head trauma suffered by the client, including severe blows to the head (i.e., any part, including face, nose, and chin), car accidents, falls, any occasions of loss of consciousness, and treatments offered:
31. Describe any childhood illnesses:
32. Did the client, as a baby, see a doctor for any emergencies, ER accidents, or illnesses? Include dates and name(s) of doctor(s):
33. Has the client suffered mental illness or disorder that has been
  - (a) recognized by others? If so, list diagnoses and describe symptoms:
  - (b) evaluated by mental health professionals? If so, include date and location, describe illness, and name professional who diagnosed it:
  - (c) treated? If so, describe:
34. Has the client ever received medication for a mental illness or disorder? If so, list dates, medications, and disorders as well as prescribing physicians:
35. Has the client ever been committed (voluntarily or involuntarily) to a mental health facility? If so, describe the circumstances. If not, but commitment was considered or proceedings were instituted, describe the circumstances:

36. Has the client undergone mental health evaluations in connection with any prior offenses? If so, explain:
37. List the results of any mental health exams performed on the client (e.g., IQ test, MMPI), including date, name of exact test, version/edition of test, name of person who administered exam, and location where exam was administered:
38. Has the client been diagnosed with intellectual disability? Does he have a learning disability? Did he attend special education classes? How well does he read and write?
39. Describe the results of any test for neuropsychological or organic brain damage (e.g., x-ray, CAT scan, MRI):
40. Has the client ever been deemed incompetent (e.g., in prior court proceedings, by mental health officials, by the military)? If so, explain:

### **ENVIRONMENTAL FACTORS**

41. Name, age, and address of every member of the client's family or household, including all those with whom the client lived prior to leaving home; include relation to client:
42. Describe the physical conditions in which the family lived (e.g., house, apartment, or trailer; urban or rural; availability of electricity; cleanliness) including any change in conditions, over this period of time:
43. Describe how these conditions compared to the conditions under which neighbors and/or nearby relatives lived:
44. Describe the kind of medical attention the client and his family received:
45. Was there adequate food in the house? Who provided it?
46. Describe the jobs held by the client's parents or other caretakers:
47. Describe any moves made by the client's family (household) from one locale to another, including dates and the reason(s) why such moves were made:
48. Describe fully the relationships between the client and his parents or parental figures:
49. Describe any major disruptions of the household or trauma to any member of the household:
50. Describe fully the relationship between the client and his siblings:
51. Describe the client's relationships (in general) within the household in which he grew up, with

- (a) non-parent adults:
  - (b) step-parents:
  - (c) age-group peers:
  - (d) older children:
  - (e) younger children:
52. Is the client married? Name spouse(s) or partner(s) and briefly describe the relationship:
53. Legal separations, annulments or divorces, court locations and grounds:
54. Alimony or child support:
55. Name, age, custody status and address of each of client's children:
56. Names and addresses of any people other than family members with whom client has lived as an adult:
57. Names and addresses of significant friends or mentors in childhood or adulthood (excluding family members, teachers, or employers):

### **INSTITUTIONAL DATA**

58. With respect to school,
- (a) how old was the client when he began school?
  - (b) did the client ever skip or repeat a grade? Was he held back or socially promoted? Detail:
  - (c) did the client demonstrate unusual academic, vocational, or avocational strengths or weaknesses (e.g., grades client received, enrollment in any special classes)? Detail:
  - (d) did the client demonstrate any behavioral difficulties? What was the school's response (e.g., suspension, expulsion, arrest)? Detail:
  - (e) were parents consulted on any regular basis concerning the client's behavior or performance?
  - (f) what was the highest level of school completed successfully?
  - (g) provide details of all schools attended (elementary, junior high, high, post-high school), including addresses and year of attendance:
  - (h) provide names and addresses of any school personnel who knew the client well:

59. With respect to juvenile agencies,
- (a) was the client ever charged as a juvenile? If so, for what?
  - (b) what were the dispositions of such charges (e.g., probation, commitment)? Include length of time actually served and location:
  - (c) what actually happened to lead to the charges or adjudications?
60. With respect to the client's involvement with the criminal justice system as an adult,
- (a) was the client ever previously charged? If so, for what?
  - (b) what were the dispositions of such charges (e.g., probation, imprisonment)? Include length of time actually served and location:
  - (c) what the client's behavior was like during the disposition period (e.g., disciplinary action, good behavior):
  - (d) what actually happened to lead to the charges or convictions?

### **MILITARY SERVICE**

61. With respect to the military,
- (a) has the client ever been a member of the armed forces of the United States, including National Guard, Coast Guard, or any branch reserve unit?
  - (b) did the client apply and get rejected from service? If so, why?
  - (c) if the client served, name branch and dates of service:
  - (d) every location of service:
  - (e) highest rank achieved and service number:
  - (f) job assignments:
  - (g) honors, medals and awards:
  - (h) did the client ever receive any Article 15 punishment such as letters of counseling, formal reprimand, reduction in grade, docking of pay or confinement:
  - (i) any appearance in a military tribunal in any capacity (juror, witness, or defendant):
  - (j) any charge of violating Articles of War or any provision of Uniform Code of Military Justice and disposition:
  - (k) date and type of discharge:

- (l) if administrative or less than honorable discharge, detail:
- (m) describe any significant experiences while in the military:
- (n) describe any post-military trauma related to service:
- (o) Veteran's Affairs application; treatment at military or VA hospital:
- (p) any loans or scholarships obtained through military service:
- (q) was the client close to any peers or superior officers? Detail:

### **VOCATIONAL AND AVOCATIONAL PURSUITS**

- 62. Detail the client's entire employment record, including employers' names, dates of employment, and addresses where available:
- 63. Was the client ever unemployed? Explain and include dates:
- 64. If the client sustained lengthy periods of unemployment, explain why:
- 65. Prior to his arrest, did the client have any hobbies? What were they?
- 66. Did the client attend a church as a child or an adult? If so, list church name(s), locations, dates of attendance, church personnel, and client's religious interests or activities:

### **SUBSTANCE ABUSE**

- 67. What were the circumstances of the client's initiation into alcohol or drug use?
- 68. Has the client ingested quantities of alcohol or drugs in such a way as to suggest substance abuse? Detail:
  - (a) types of drugs/alcohol:
  - (b) frequency of use:
  - (c) did client use substances alone or with others? If with others, who?
  - (d) in what locations did client use substances?
  - (e) did the client ever miss school or work or any other significant event as a result of using drugs/alcohol?
  - (f) did the client's use of drugs and alcohol affect his relationships?
  - (g) did the client's use of drugs/alcohol cause blackouts, vomiting, DUI, change in personality?

69. Was the client ever treated for alcohol or drug abuse? If so, when, where, and for how long? Obtain names and addresses of doctor(s)/counselor(s)/sponsor(s):
70. Whether a substance abuser or not, was the client under the influence of alcohol or drugs at the time of this offense? If so, describe:

### **PERCEPTUAL EXPERIENCES AND SELF-PERCEPTIONS**

71. Has the client ever experienced any of the following? If so, explain when, how often, and describe the experiences:
  - (a) hallucinations (auditory, visual, olfactory)?
  - (b) tics or repetitive “nervous” moments?
  - (c) feelings of persecution?
  - (d) feelings about self or others that clearly have no basis in reality (e.g., delusions that are grandiose or paranoid)?
  - (e) feelings that others were plotting against him?
  - (f) sudden and/or overwhelming feelings of anxiety about everyday things or excessive worrying about things not likely to happen?
  - (g) compulsion to perform tasks over and over, such as checking locked doors or washing hands?
  - (h) inability to control overwhelming feelings of rage, prolonged irritability, or overreacting?
  - (i) otherwise unexplainable sadness or bouts of crying?
  - (j) prolonged periods when the client seemed flat, disinterested in life or was unmotivated to work and/or interact with others?
  - (k) memory gaps or blackouts?
  - (l) feelings of isolation?
72. Ask the client to describe himself as completely as possible:

### **FAMILY MENTAL HEALTH HISTORY**

73. Have any family members ever been diagnosed or treated for mental illness or disorder (including epilepsy)? If so, provide all known details (illness or disorder, treating physician or agency name and address, course of treatment):

- (a) mother:
  - (b) father:
  - (c) siblings:
  - (d) grandparents:
  - (e) aunts or uncles:
  - (f) spouse or children:
74. Have any family members ever been suspected of having mental illness or disorder, or mental dysfunction (e.g., uncontrolled temper or rages of anger, periods of significant memory loss, seizures, “crazy” behavior, signs of intellectual disability or other limited mental capacity)? If so, describe as fully as possible:
75. Describe the criminal records of any other family members (among those listed in item 76) as fully as possible:
76. Is there any evidence that members of the client’s family have used alcohol or drugs? If so, explain:

### **PRISON RECORD/TIME**

77. Has the client incurred any disciplinary problems since arrest?
78. Since the client’s arrest,
- (a) how has the client spent his time (e.g., does he read, write letters, draw, watch television, attend religious services)?
  - (b) has the client had any serious health problems? Describe:
  - (c) has the client been evaluated and/or “treated” by the jail’s mental health staff? Describe:
  - (d) has that treatment included medication? Describe medications and dosages:
79. Since the client’s arrest, who are the people who have maintained contact? Obtain addresses and telephone numbers:
80. Does the client have noteworthy relationships with jail officials or other inmates?
81. With respect to any prior incarcerations,
- (a) did the client incur any disciplinary punishment or attempt escape? If so, explain:
  - (b) was the client given any special privileges? If so, explain:



- (c) did the client form relationships with guards or other inmates?
- (d) was the client on medication or treated for any physical or mental disorder?

### **FINANCIAL DATA**

- 82. Does the client have any outstanding loans or debts?
  - (a) unsatisfied judgments or court orders:
  - (b) creditors' names, addresses, amounts owed:
  - (c) case names, locations and dispositions of any bankruptcy petitions filed by or against client, either alone or in association with others:
- 83. Has the client ever owned a business? Detail:

### **OTHER RELEVANT PERSONS**

- 84. Request names and addresses of friends, including how long client has known each.

### **COURT HISTORY**

- 85. Obtain list of all court cases in which client has been involved in any capacity:
  - (a) name, nature and location of case:
  - (b) disposition of case:
  - (c) has client ever been offered or granted immunity, testified or been called on as a witness in any criminal proceeding in which he was not a party?
  - (d) attorneys involved in each case:

### **OTHER RELEVANT INFORMATION**

- 86. Describe any other significant experiences, relationships, or characteristics of the client not detailed: