

Client

Interviewing

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CLIENT INTERVIEW CHECK LIST

BEFORE THE INTERVIEW

- Check custody status
- Review warrants and affidavit
- Review for conflicts with witnesses
- Review for conflicts with co-defendants
- Look for indications that client may need an interpreter for interview
- Check for any other pending charges
- If there was a prior attorney on this charge, ask for file (client may need waiver)
- Print out/know the elements of the offenses
- Print out/know the defenses to the charges
- Print out/know the sentences of the offenses
- Print out/know the collateral consequences
- Know the next court date
- Know the conditions of release

- Introduce yourself and explain confidentiality

THE INTERVIEW

- Go over the elements of the offenses
- Go over lesser-included charges and the defenses of the charges
- Go over possible sentences
- Go over range of collateral consequences
- Discover immigration status
- Go over any court orders/conditions of bond
- Discuss client's personal information, story of the case, concerns, best outcome
- Discuss fines, costs, fees and ability to pay
- Discuss any further investigation/waivers
- Discuss not contacting witnesses, officers
- Discuss policy on calls from them, family, friends
- Go over the process in court
 - what time to arrive
 - what to wear/not wear
 - what to bring/not bring
 - what to expect when name called
 - what it means to wait for attorney/remain and attorney will find client
 - if another attorney calls client's name
 - don't leave the court room unless a break/time expectations
 - will the witness be there/what to do if the client sees the witness
 - how to contact attorney if client is late/will miss court
 - what happens if client is late/does not appear

[Type here]

AFTER THE INTERVIEW

- Have client sign up court date notification service:
<https://www.nccourts.gov/court-dates>
- Consider if you need to get funds for expert/fact investigator
- Consider if you need to contact IDS for an immigration consult
- Synopsis for yourself or any substitute counsel
- Understand and record the client's goal at this point
- Calendar any ticklers
- Keep any promises

CLIENT QUESTIONNAIRE

THIS INFORMATION IS CONFIDENTIAL AND PROTECTED BY ATTORNEY-CLIENT PRIVILEGE.

YOUR INFORMATION

Your full name: _____
Race/Ethnicity: _____ Your age: _____ Your date of birth: _____
Where you live: _____ How long have you lived there? _____
Phone number: _____
Available for texting? _____
Email addresses: _____
Best way to get a message to you: _____

YOUR FAMILY

Are you (circle one) Single Engaged Married Living with a Partner Separated
Divorced

If you are engaged/married/living together, name of spouse/partner: _____

If you have children, please complete this information:

Name	Age	If under 21, where do they live and with whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you pay child support or does someone pay child support to you? YES NO

If you pay child support, how much do you pay each month? \$ _____

If you pay, is it a court-ordered payment? YES NO

For any of your children, has the other parent lost parental rights or missing, dead or incarcerated?

YES NO

If yes, please give details:

Is there any pending action to terminate your parental rights or any DSS involvement? YES NO

Have you lost your parental rights? YES NO

If so, please list the names of the children for which your parental rights have been terminated:

[Type here]

Will you need to make child care arrangements when you go to court? YES NO

If you have sisters and/or brothers, please complete this information:

Name	Age	Occupation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete this information about your parents or guardians:

Mother's name: _____ Age or date deceased _____

Mother's work: _____

Father's name: _____ Age or date deceased _____

Father's work: _____

Were you raised primarily by one parent or both? One Both Neither

If you were raised primarily by one parent, which one? Mother Father Other

If you were raised by someone other than your parents, please complete this information:

Name: _____ Age or date deceased: _____

Relationship to you: _____ Their work: _____

Name: _____ Age or date deceased: _____

Relationship to you: _____ Their work: _____

Do any of your family members have a health condition for which you provide care? YES NO

If yes, who is it, what is the condition and how do you care for them? _____

YOUR WORK HISTORY

What kind of work do you do? _____

If you are working now, where do you work? _____

How much are you paid weekly or monthly? _____

[Type here]

What are the days and times you usually work: _____

How long have you had this job? _____

Does your employer know you have been arrested/charged? YES NO

May we contact your employer? YES NO

If you are not working now, how are you supporting yourself? _____

List your past jobs and when you worked there:

Where	What you did	When
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Certain criminal convictions can prevent you from working in a particular job or from getting or keeping an occupational license.

If you have any kind of occupational license, such as barber or health care, what is it? _____

Do you now or do you plan to work in the following (circle all that apply):

- schools or school services
- airlines
- healthcare
- transportation
- a place that cares for the elderly/disabled
- child care
- private security
- government employment
- military/tribal or tribal casinos

NOTE: If you work in schools, long-term care, transportation, child care, elderly care and certain other fields, you may be required to report your arrest or any conviction to your employer. Other employers may have these requirements in your work contract.

HOUSING

Who lives with you? _____

In your house, who pays or helps pay the rent, utilities, living expenses (such as food, cell phone)?

[Type here]

If yes, describe the condition, how you are being treated and how they affect you:

Are you taking any prescribed medicine? YES NO

If yes, what is it? _____

Are you being treated for any mental health condition, including addiction?
YES NO

If yes, describe the condition(s) and how you are being treated: _____

Do you have/ever been told that you have addiction issues, including alcohol? YES NO

If yes, have you ever received treatment? YES NO

If yes, when and where? _____

Are you interested in treatment now? YES NO

PUBLIC BENEFITS

NOTE: In many states, including North Carolina, if you are convicted of a drug-related felony you will be unable to receive cash assistance, like TANF (Temporary Assistance for Needy Families, also called WF, Work First). Some other convictions and time in custody may affect other public benefits.

Do you receive public assistance, including SSI: YES NO

If yes, list them and how much you receive:

YOUR CITIZENSHIP

[Type here]

If you are not a U.S. citizen, a plea or a criminal conviction could lead to your removal from the United States. This office has access to consults with immigration lawyers through Indigent Defense Services. Please answer these questions:

Where were you born? _____

Are you aware of any immigration proceedings pending and, if so, what are they?

MILITARY SERVICE:

Have you ever served in the military? YES NO

If yes, which branch of the military? _____

If yes, when did you serve? _____

If yes, what type of discharge did you receive? _____

NOTE: Men age 18-26 must register for the Selective Service. Failure to register can result in denial of certain types of government loans and benefits. If you are a man over 18 and have not registered and are likely to be incarcerated until after your 26th birthday, you should try to register now.

If you are a man between the ages of 18-26, are have you registered? YES NO

TRANSPORTATION

What transportation do you use most? BUS I DRIVE SOMEONE DRIVES ME

Other: _____ How will you get to court? _____

DRIVER'S LICENSE

NOTE: Certain drug and alcohol convictions can affect your ability to get or keep a driver's license.

Do you have a driver's license? YES NO

If yes, in which state? _____

If your driving record is relevant to the charges, your attorney will review it with you.

PROPERTY TAKEN

If the police took any of your personal property, such as a cell phone, car or computer, it may not be possible to have it returned until after the case is concluded. Your attorney may seek a return before or at the time of disposition. Your attorney will not be able to do this after the conviction. Was any property taken from you? YES NO

If yes, do you have the receipt/return of service for that property? YES NO

What property was taken? _____

[Type here]

Are you on probation or post-supervision release? NO

YES- PROBATION YES- POST-SUPERVISION RELEASE

If you are on probation or post-supervision release, does your probation officer know about these new charges?

YES NO

▶ ANY OTHER PENDING CHARGES

Do you have any other charges pending anywhere? YES NO

If yes, what are the other charges? _____

If yes, in which county or State are you charged? _____

If yes, who is your attorney for the other charges? _____

▶ THE PRESENT CHARGES

Date of arrest: _____

Location of the arrest: _____

Officer/Agency: _____

Were you or your house or car searched? YES NO

Was there a search warrant? YES NO

Do you recall signing anything? YES NO

Will the officer say you said something? YES NO

Will the officer say they took something from you or from your car or house? YES NO

Client's memory of arrest, search, statements, witnesses, character witnesses:

[Type here]

