PAUL SCOTT & ASSOCIATES

CLIENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT US?
WEBSITE ☐ FACEBOOK ☐ GOOGLE ☐ REFERRAL _____ OTHER _____

CLIENT INFORMATION

Client Name: _____ Date:_____

Address: _____

Marital Status: _____ Date of Birth: _____Number of Children: _____

Current Employment: _____ Highest Level of Education:_____

Work Ph: _____ Cell Ph: _____ Email: _____

Preferred Method of Contact: Call ☐ Text ☐ Email ☐

Are you a Genesee County Resident? If so, how long?_____

Describe current charges: _____
_____
_____
_____

Court Date: _____ Which court:_____

Police Department that arrested you:_____

Was your crime related to a drug addiction or an alcohol addiction? Yes ☐ No ☐

Are you under the age of 24? Yes ☐ No ☐

Any prior offense? Yes ☐ No ☐ If yes, describe_____

Do you have any diagnosed mental health challenges? Yes ☐ No ☐ If yes, what diagnosis? _____
_____

Are you a veteran of our military that has been diagnosed with Post Traumatic Stress Disorder? Yes ☐ No ☐

Goals you have for Paul Scott & Associates, PLLC to accomplish for you?
_____
_____
_____
_____
_____