

**MICHAEL D. WEINSTOCK, P.A.**  
**Client Questionnaire**

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire. If a particular question does not apply, enter "N/A".
  
2. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: \_\_\_\_\_

**A. Client Information:**

Name: \_\_\_\_\_ SSN.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly (circle one)

How did you hear about our office?  Talking Phone Book  Bell South Red  Yellow Pages

Advertisement Letter  Word of Mouth, Who?: \_\_\_\_\_

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) \_\_\_\_\_

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



Michael D. Weinstock  
FBN: O537322

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Suite 1  
Niceville, FL 32578  
(850) 729-7770  
(850) 729-7705 fax

**B. Family Information:**

Name of Spouse: \_\_\_\_\_ SSN.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly (circle one)

Names, ages of all children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Offense Information:**

Date of Incident: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Describe the circumstances that led to this incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bondsman: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Cash Bond? \_\_\_\_\_

Did you put up property as collateral? (If yes, please describe) \_\_\_\_\_



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### Witness List

Identify all witnesses you think are important to your case. Include all people that you have talked to regarding this incident. Also list witnesses who might testify on behalf of the victim or state.

**Name, Address and Phone Number:**

**Expected Testimony:**

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**Client's Criminal History**

<b>Date</b>	<b>Offense</b>	<b>County &amp; State</b>	<b>Disposition</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have ever had court or law enforcement records sealed or expunged, please provide information on the underlying offense, the name and location of the court, and the nature of the incident:

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

List any medications you are currently taking on a regular basis: \_\_\_\_\_

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

If you have ever been hospitalized or confined because of a psychiatric or psychological condition, please provide the name(s) and address(es) of the mental health facility(ies) and the dates of hospitalization or confinement: \_\_\_\_\_

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

If you are currently, or have ever been under the care of a mental health professional, please provide the name(s) and address(es) of the mental health professional(s) and the dates and frequency of the therapy provided: \_\_\_\_\_

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



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