

## NEW CLIENT QUESTIONNAIRE

Let us get to know a bit more about you by completing  
our new client questionnaire.  
It is important that you are as thorough and accurate as possible  
so that we are across your personal details.

NAME: .....

ADDRESS: .....  
.....  
.....

DATE OF BIRTH: .....

CHARGE/ALLEGATION: .....

INFORMANT/  
ARRESTING OFFICER: .....

VIC. POL NUMBER: .....

POLICE STATION .....

FAMILY VIOLENCE  
RELATED? .....

ARE THERE ANY  
IVO'S IN PLACE? .....

**NAMES OF ANY  
CO-ACCUSED OR  
KEY WITNESSES:** .....

**(Our office performs conflict checks before an Initial Consultation to ensure that there is no conflict between yourself and past or current clients).**

**CLIENT PROFESSION:** .....

**EMPLOYER:** .....

**TELEPHONE NUMBERS:** .....

**EMAIL ADDRESS:** .....

**MARITAL STATUS:** .....

**NEXT OF KIN/PHONE:** .....

**MEDICAL ISSUES:** .....

**MEDICATION:** .....

**DO YOU REQUIRE AN  
IN-PERSON CONSULTATION** .....

**IF SO, WHY?** .....  
.....  
.....  
.....

**SPECIAL INSTRUCTIONS:** .....  
.....  
.....  
.....

**PRIORS:** .....  
.....  
.....

**BAIL OR SUMMONS:** .....

**VISA STATUS:** .....

**ANCILLARY LEGAL  
PROCEEDINGS:** .....  
.....

**OTHER LAWYERS  
DETAILS:** .....

**ARE YOU SUBJECT TO A  
CCO OR PAROLE ORDER?** .....

**ARE YOU ON BAIL FOR  
OTHER MATTERS?**

.....

**ARE THERE OTHER  
COURT ORDERS IN  
PLACE?**

.....

**HOW DID YOU HEAR  
ABOUT OUR FIRM?**

.....

.....

**I, (the proposed client),  
acknowledge and confirm that the contents of this document  
are true and correct to the best of my knowledge.**

.....

**Print Name:**

.....

**Date:**

.....