



REESE & ESCOBAR, LLP

Attorneys and Counselors at Law

www.revslaw.com

CLIENT BACKGROUND FORM

Client Name: _____

Age: _____ Birthdate: _____ Birthplace: _____ Height: _____

Race: _____ Eye Color: _____ Hair Color: _____ Weight: _____

Custody? _____ Permanent Residence: _____

Persons living w/ client: _____

Family

Marital Status: _____ Spouse's Name: _____

Number of Children: _____

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

Address: _____ Address: _____

Phone: _____ Phone: _____

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

Address: _____ Address: _____

Phone: _____ Phone: _____

Mother: _____ Living? _____ Father: _____ Living? _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Education

Highest Grade Completed? _____ School: _____

Notes: _____

Military Service

Military Service? Yes/No

Honorable Discharge? Yes/No

Branch of Service: _____ Years? _____ Rank? _____

Notes: _____

Employment

Employer: _____ Length of Employment: _____
Notes: _____

Health

Health Problems? Yes/No If so? _____

Traumatic Head Injury? _____

Psychiatric Medications? _____

Psychiatric Examinations? _____

Psychiatric Hospitalization? _____

Do you drink alcohol? _____

How much & how often? _____

Do you use drugs? Yes/No How much & how often? _____

If no longer using alcohol or drugs, have you ever? _____

Criminal Record

Ever been to prison? _____

On probation? _____

On parole? _____

Number of prior misdemeanors? _____ List them: _____

Number of prior felonies? _____ List them: _____

Notes: _____

Friends & References

Please list the names, phone numbers & addresses of friends, relatives, and other people who could testify about good things about you.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____