

**CLIENT QUESTIONNAIRE
(protection from abuse)**

Please complete this questionnaire as soon as possible. By completing all of the items, we will have much of the information necessary to evaluate your case. It is important that you answer each question completely and truthfully. All information contained in this questionnaire will be held in strict confidence.

Basic Information

1. Personal Information

First Name	
Middle Name	
Last Name	
Date of Birth	
Place of Birth	
SS#	

2. Are you a U.S. citizen? _____

3. If you are not a U.S. citizen:

- a. What is your immigration status? _____
- b. How long have you been in the United States? _____
- c. Have you ever been removed from the US or been refused admission at the border? _____
- d. If yes, where and fro what crimes: _____

4. Your present residence

Street address	
City, State, Zip	
Telephone #s	
How long at this address?	
How long have you lived in KS?	
SS#	

5. Employment Status: Check is not employed

Employer's name	
Address	

City, State, Zip	
Telephone	
Monthly gross pay	
# of exemptions claimed	
Federal Income Tax	
OASDHI	
KS withholding	
Job Title	

6. Do you hold any professional or occupational licenses? _____

7. If so, what licenses? _____

8. How many people do you support with your income? _____ Any children? _____ How many? _____

9. Have you, or do you intend to, work in:

- schools or school services (e.g. teacher, school janitor, school cafeteria, etc.)
- healthcare
- a place that cares for the elderly or persons with disabilities (adult foster home, nursing home, etc.)
- private security/security guard
- airlines
- transportation
- childcare
- government employment
- military
- tribal government or Native American casinos

Criminal History

10. Have you ever been convicted of a crime, in this or any other jurisdiction? _____

11. If so, what were the crimes, and when and where were they allegedly committed:

12. Have you ever been arrested or charged with a crime, in this or any other jurisdiction? _____

13. If so, what were the crimes, and when and where were they allegedly committed?

14. Are you currently on probation or parole? _____

15. Are you currently on diversion? _____

16. Are there any criminal charges now pending against you in any court?

17. If so, what are the charges, and where are they pending?

Investigation of the case

18. Have you ever spoke to police or any law enforcement individuals regarding any interaction you have ever had with the opposing party?

19. If so, when? _____ What did you say?

20. Do you know if the police spoke to the opposing party? _____

21. If so, do you know who conducted the interview? _____

22. Is there any physical evidence in this case, i.e. medical reports, pictures, police reports, texts, emails, letters, etc? _____

23. If so, please list: _____

24. Besides anything listed above, are there any matters you believe are important? _____

25. Is so, what?

Details of the case

26. Please state, as best as you can, the facts leading up to this case (in other words, tell me your side of the story and what you think the opposing party will say or allege).

27. Who is the opposing party? _____. What is the relationship of that person to you? (friend? family member?)

28. Were there any witnesses to any incidents between you and the opposing party? _____

29. If so, who are the witnesses (including name, address, and phone number, if known)?

30. Were you in a public place when any incidents allegedly took place?

31. If so, where? _____

32. Is there anything else that I should know in evaluating your case? _____

33. If so, what?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT TO THE FOLLOWING ADDRESS AT YOUR EARLIEST CONVENIENCE:

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