

# Initial Investigation Questionnaire

To be completed by the defendant

<b>Name on Indictment</b> (Last, First, MI)							
<b>Full Legal Name</b> (include maiden/former married names)							
<b>Legal Address</b> (No., Street, City, State, Zip Code)				<b>Previous Address (If less than 3 years)</b> (No., Street, City, State, Zip Code)			
<b>Telephone Number(s)</b> (include Area Code)							
<b>Judge Name</b>							
<b>US Attorney Name</b>			<b>Sentencing Date</b>				
<b>Defense Attorney</b> (Name, Address City, State & Zip Code and Phone or attach Business Card)							
<b>Your Offense</b>							
<b>Sex</b>		<b>Race</b>		<b>Weight</b>		<b>Height</b>	
<b>Hair Color</b>		<b>Eye Color</b>		<b>Date of Birth</b>			
<b>Place of Birth</b>					<b>Citizenship</b>		
<b>Social Security #</b>					<b>Immigration #</b>		
<b>Driver's License #</b>					<b>Issuing State</b>		
<b>Have you ever been convicted of a crime, including DUI/DWI?</b> Provide details:						<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<b>Are you under probation, parole or pretrial supervision?</b> Provide details:						<input type="checkbox"/> Yes  <input type="checkbox"/> No	

