



OFFICE OF THE STATE PUBLIC DEFENDER

RANDI HOOD
CHIEF PUBLIC DEFENDER

INITIAL CLIENT INTERVIEW FORM (Adult Criminal)

PART I: Preparation for Interview of Adult Client

<p>Have you?</p> <ul style="list-style-type: none"><input type="checkbox"/> Set aside enough time to conduct a thorough interview<input type="checkbox"/> Obtained and carefully reviewed:<ul style="list-style-type: none"><input type="checkbox"/> Information, Affidavit, and other court documents?<input type="checkbox"/> Police reports or other probable cause documents?<input type="checkbox"/> Familiarized yourself with the basic facts and persons involved?<input type="checkbox"/> The statutory elements of the offense charged?
<p>When you conduct the interview do you have with you?</p> <ul style="list-style-type: none"><input type="checkbox"/> All relevant discovery<input type="checkbox"/> Form OPD-MH1 (ROI)<input type="checkbox"/> Titles 45 (Montana Criminal Code), and Title 46, M.C.A. (Montana Criminal Procedure)<input type="checkbox"/> Give the client your business card with telephone number

PART II: Conducting the initial interview

Name (please print)	
Phone	Attorney
<input type="checkbox"/> I. Arrest Information	
<input type="checkbox"/> a. Date of arrest	
<input type="checkbox"/> b. Location of arrest	
<input type="checkbox"/> c. Others Involved	
<input type="checkbox"/> d. Taken to jail? Y/N If so, where	
<input type="checkbox"/> e. with or without warrant;	
<input type="checkbox"/> f. whether client was searched and if anything was seized, with or without warrant or consent;	
<input type="checkbox"/> g. whether client was interrogated and, if so, whether a statement given;	
<input type="checkbox"/> h. client's physical and mental status at the time any statement was given;	
<input type="checkbox"/> i. whether any exemplars were provided and whether any scientific tests were performed on client's body or bodily fluids;	
<input type="checkbox"/> II. Co-Defendants	
<input type="checkbox"/> a. The names and custodial status of all co-defendants and;	
<input type="checkbox"/> b. the name of counsel for co-defendants; if counsel has been appointed or retained	
<input type="checkbox"/> III. Witnesses	
<input type="checkbox"/> a. The names and locating information of any witnesses to the crime and/or the arrest, regardless of whether these are witnesses for the prosecution or for the defense	
<input type="checkbox"/> b. the existence of any tangible evidence in the possession of the State, which counsel should take steps to insure is preserved	
<input type="checkbox"/> IV. The client's physical and mental health, educational, vocational and armed services history	
<input type="checkbox"/> a. currently under the care of a physician	
<input type="checkbox"/> b. currently under the care of a mental health provider	
<input type="checkbox"/> 1. past care by a mental health provider	
<input type="checkbox"/> 2. past care by an inpatient mental health facility	
<input type="checkbox"/> c. armed services history	
<input type="checkbox"/> 1. when and for how long	
<input type="checkbox"/> 2. where stationed	
<input type="checkbox"/> 3. discharge information	
<input type="checkbox"/> d. educational background	
<input type="checkbox"/> e. vocational / work history	
<input type="checkbox"/> V. The client's immediate medical needs	
<input type="checkbox"/> a. is there a there a need for medication	
<input type="checkbox"/> b. detoxification programs and/or substance abuse treatment	

<input type="checkbox"/> VI. The client's past criminal record <ul style="list-style-type: none"><input type="checkbox"/> a. arrests and convictions for adult offenses<input type="checkbox"/> b. arrests and convictions for juvenile offenses<input type="checkbox"/> c. prior record of court appearances or failure to appear in court<input type="checkbox"/> d. Does the client have any pending charges or outstanding warrants from other jurisdictions or agencies<input type="checkbox"/> e. Is the client on probation or parole?<ul style="list-style-type: none"><input type="checkbox"/> Client's past / present performance under supervision.
<input type="checkbox"/> VII. Collateral Contacts <ul style="list-style-type: none"><input type="checkbox"/> a. The names of individuals or other sources that counsel can contact to verify the information provided by the client; <input type="checkbox"/> b. counsel should obtain the permission of the client before contacting these individuals-use the OPD-MH1 form
<input type="checkbox"/> VIII. Competence <ul style="list-style-type: none"><input type="checkbox"/> a. Where appropriate, evidence of the client's competence to stand trial and/or<input type="checkbox"/> b. mental state at the time of the offense<input type="checkbox"/> c. obtain releases from the client for any records of treatment or testing for mental health or developmental disability
<input type="checkbox"/> IX. Citizenship status <ul style="list-style-type: none"><input type="checkbox"/> a. Client is a United States Citizen<input type="checkbox"/> b. Client is a resident alien<input type="checkbox"/> c. Client has applied for citizenship (currently on Visa)

PART III: Additional concerns and questions re: BAIL

a. What is the ability of the client to meet any financial conditions of release

b. Criminal History

c. prior record of court appearances or failure to appear in court

d. Does the client have any pending charges or outstanding warrants from other jurisdictions or agencies

e. Is client on probation or parole and the

1. client's past or present performance under supervision

2. Probation Officer?

Client's residence and length of time in the community;

Mental and physical health and employment background

Identify any individuals who might be able to assist with bail or placement

Obtain other useful social information, including the names of witnesses who can provide testimony regarding the client's ability to stay out of trouble if released

Form: OPD-InitialClientIntakeAdultCr1

Revised 03/01/2007