

APPENDIX E – CLIENT INTERVIEW FORM

PDO BAIL CLIENT INFORMATION

Hearing Result:

Name: _____

Age: _____ Citizen: Yes / No LPR or Visa: Yes / No Since: _____ Country: _____

Residence: _____ Since: _____ Hou Area Since: _____

Lives with: _____

Alternate Residence if MOEP _____

Kids (by age) _____

Sole Provider: Yes / No

Current Employment: _____ Since: _____ Pay/Hours: _____

Prior Employment: _____ Gov't Benefits: _____

College, etc?: _____ Current School: _____

Military Branch: _____ Dates: _____ Combat: _____

Decorations: _____

Signif. Medical Conditions: _____

Family/Dependents w/Disabilities/Conditions: _____

Mental Health Diagnoses: _____

Client Receives Support/Assistance from _____

Transportation to court: _____

On probation, parole, or pretrial release?	Significant Priors	Holds

Notes: