



OFFICE OF THE STATE PUBLIC DEFENDER

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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	

VI. The client's past criminal record

- a. arrests and convictions for adult offenses
- b. arrests and convictions for juvenile offenses
- 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 the client on probation or parole?
 - Client's past / present performance under supervision.

VII. Collateral Contacts

- a. The names of individuals or other sources that counsel can contact to verify the information provided by the client;

- b. counsel should obtain the permission of the client before contacting these individuals-use the OPD-MH1 form

VIII. Competence

- a. Where appropriate, evidence of the client's competence to stand trial and/or
- b. mental state at the time of the offense
- c. obtain releases from the client for any records of treatment or testing for mental health or developmental disability

IX. Citizenship status

- a. Client is a United States Citizen
- b. Client is a resident alien
- 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