

**GENERAL INTAKE QUESTIONNAIRE**

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Today's date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Name: \_\_\_\_\_

Previous client: Yes / No

First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Family &/or friend who knows how to reach you at all times (address & phone numbers): \_\_\_\_\_

\_\_\_\_\_

<b>For Office Use Only</b>
Statute of Limitations: _____
_____
Type: _____
Jurisdiction: _____

**INCIDENT INFORMATION**

Date of incident: \_\_\_\_\_ Day of week: \_\_\_\_\_ County: \_\_\_\_\_

Please list charges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has a court date been set yet? Yes/No (please circle)

If yes, please state the date, time and location: \_\_\_\_\_

\_\_\_\_\_

***In your own words, please describe how the incident happened:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Facts of the incident:**

From where were you coming? \_\_\_\_\_

What was your intended destination? \_\_\_\_\_

Were police at the scene: Yes / No (Please circle)

Was it the: Local Police / Highway Patrol / Sheriff (Please circle one)

*Conversation at the scene:*

What did you say? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any Witnesses to the incident:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT INFORMATION**

Your Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Salary/Hourly Wages: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Please list your duties/job description: \_\_\_\_\_

**PREVIOUS EMPLOYMENT HISTORY:**

Name of employer and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

**PRIOR INCIDENTS:**

Please list *all* prior citations/violations incidents in which you have been involved:

<u>Date:</u>	<u>Type of incident:</u>	<u>County:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(use back if more space is needed)

**EDUCATION and HOME LIFE**

Maiden Name/Aliases: \_\_\_\_\_

Marital Status: *Married / Single / Divorced*      Name of Spouse: \_\_\_\_\_

Please list the names and ages of your children: \_\_\_\_\_

Please list any additional household members names and ages: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Where did you grow up (city and state)? \_\_\_\_\_

High School Name: \_\_\_\_\_ City: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

College/Vocational School Name: \_\_\_\_\_ City: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Certificates/Degrees earned: \_\_\_\_\_

Please list your recreational activities and hobbies: \_\_\_\_\_