



CONFIDENTIAL CLIENT QUESTIONNAIRE

OFFICE USE ONLY

CLIENT # _____

ELIGIBILITY _____

REVIEWED BY _____

CLIENT INFORMATION (please print legibly)

Name: _____

Alias/Formal Name/AKA: _____

Marital Status: _____ DOB: _____ Age: _____ Gender: M/F

Ethnicity: _____ Social Security Number: _____

Driver's License Number: _____ State issued: _____

Home Address: _____ City: _____ State: _____ Zip: _____

County: _____ Telephone: _____ (home) _____ (cell)

Email Address: _____ Annual Income: _____

Employer: _____ Position: _____

CHILDREN INFORMATION (if applicable)

How many children: _____ Ages: _____

Who has custody: _____ Where residing in past five years: _____

CHECKLIST

Are there any criminal charges currently pending against you? Yes/No

Have you been convicted of any misdemeanors or felonies in the past five years? Yes/No

Have five years passed since the completion of your sentence
(including payment of fines and probation)? Yes/No

Have you ever expunged a Class D felony from your record before? Yes/No

Are you seeking expungement in any county other than Jefferson County, Kentucky? Yes/No

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Please describe any special circumstances that you feel are relevant and how an expungement would be helpful to you.

Please attach a copy of your criminal record if available

The information contained in this document is true and accurate to the best of my knowledge.

Printed name: _____ Signature: _____ Date: _____