

**National Defender Training Project
2017 Public Defender Trial Advocacy Program**

SUMMARY OF THE FACTS OF YOUR CASE

***PLEASE BRING 12 COPIES OF THIS COMPLETED FORM TO THE
CONFERENCE***

Lawyer's Name _____

Client's Name _____

Primary Charges:

Elements of the primary crimes charged:

Tell us some facts about your client (age, gender, race, employment, family, housing situation, medical history, mental health history, substance abuse history, religion, interests and hobbies, community involvement, criminal history, anything else of interest or relevance):

Summary of the facts (not the law) of the alleged crime (Use an extra sheet if necessary):

Any additional relevant facts about the case (not about the crime) (Use an extra sheet if necessary):