NEW CLIENT INFORMATION SHEET

PERSONAL INFORMATION **Date:_____**

FULL NAME:_____
(As it appears on your court paperwork / ticket)

ADDRESS:_____E-MAIL:_____

CITY/STATE/ZIP:_____

DAYTIME PHONE #:_____ OTHER CONTACT#:_____

DATE OF BIRTH/AGE/GENDER/RACE:_____
(For criminal history / driving record request purposes only)

For DWI purposes, if you plan to get driving privileges please provide: Height_____, Weight_____, Eye Color_____, Hair Color_____, Restrictions such as eye glasses_____

DRIVERS LICENSE # :_____
(For traffic cases please always include drivers license number)

VIOLATION INFORMATION

COUNTY OF CHARGE(S):_____ COURT DATE(S)_____

VIOLATION/CHARGE(S):_____

PRIOR(S)?:_____
(If yes, please include charges and dates of charges)

FEES / PLEA INFORMATION (to be filled out by attorney)

FEE QUOTE: $_____

PLEA:_____

COMMENTS:_____

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