

### CLIENT INFORMATION

Please fill out this questionnaire as completely as possible so that we may provide you the most effective assistance possible. If you are unsure of an answer, leave it blank, and we will go over it with you. All information provided will remain confidential.

Date			Referred By		
<input type="checkbox"/> M					
<input type="checkbox"/> F	First Name	M.I.	Last Name		
			<input type="checkbox"/> US Mail	<input type="checkbox"/> Email	
Email Address			Preferred Method of Correspondence ( <b>choose one</b> )		
Mailing Street Address			Permanent Street Address (if different than mailing)		
City	State	Zip	City	State	Zip
Home Phone		Work Phone		Cell Phone	
Social Security Number		Date of Birth/Age		Military Service (branch/years)	
Family Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed					
Spouse Name (if applicable)			Children Name(s) Gender/Age (if applicable)		
Last School Attended		Highest Grade Completed		Year/Degree Completed	
Employer Name		Position		How Long	
Employer Street Address		City		State	Zip
Additional Contact Name		Relation		Phone	
Contact Street Address		City		State	Zip

PRIVILEGED AND CONFIDENTIAL

Current Offense(s) Charged/Investigated	Date of Arrest
Arresting/Investigating Agency	Officer Name
Court Location	Next Court Date
Other Pending Charges/Investigations	Location
Prior Arrests	Location

*TRAFFIC/OVI/DRUG OFFENSES ONLY COMPLETE THIS SECTION*

Driver's License Number	State	Insurance on date of stop	<input type="checkbox"/> yes <input type="checkbox"/> no
License Status	<input type="checkbox"/> valid <input type="checkbox"/> suspended	Proof of insurance shown	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please provide
CDL License	<input type="checkbox"/> yes <input type="checkbox"/> no	Insurance Carrier	
Accident	<input type="checkbox"/> yes <input type="checkbox"/> no		
Client Signature	Date		

**OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION**

Attach documentation from court online database

Fee Quote	Amount Paid	Referral Source
Payment Schedule		
<input type="checkbox"/> SEP <input type="checkbox"/> JAL <input type="checkbox"/> WJF		<input type="checkbox"/> Proof of insurance provided for traffic offenses
Charge(s)		<input type="checkbox"/> Place on indictment checklist
Location	Court Date(s)	<input type="checkbox"/> client must attend