YAVITCH & PALMER Co., L.P.A.

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511 South High Street | Columbus, OH | 43215 | ohiolegaldefense.com
P: 614-224-6142 | F: 614-228-6078

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

☐ M

☐ F First Name M.I. Last Name

Email Address

☐ US Mail ☐ Email

Preferred Method of Correspondence (**choose one**)

Mailing Street Address

Permanent Street Address (if different than mailing)

City State Zip

City State Zip

Home Phone

Work Phone

Cell Phone

SSN (last four digits)

Date of Birth/Age

Military Service (branch/years)

Family Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Engaged ☐ 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

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 ☐ yes ☐ no

License Status ☐ valid ☐ suspended

Proof of insurance shown ☐ yes ☐ no If no, please provide

CDL License ☐ yes ☐ no

Accident ☐ yes ☐ no

Insurance Carrier

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

☐ SEP ☐ JAL ☐ WJF

☐ Proof of insurance provided for traffic offenses

Charge(s)

☐ Place on indictment checklist

Location | Court Date(s) | ☐ client must attend