

PLEASE BRING COMPLETED FORM TO INITIAL MEETING WITH YOUR ATTORNEY

TRAFFIC CLIENT
INTAKE FORM

Please fill out this form as completely as possible. **Please print clearly.** If you do not understand a section, skip over it at the present time and review it later with the attorney. Some sections may not apply to your situation. You may not feel comfortable filling out other sections. You may simply leave those sections blank. The attorney will go over this information with you at the time of the interview. The information on this form is necessary in reviewing and assessing your case by our office, and may be necessary and/or helpful in any subsequent court hearings concerning your case. The information on this form and what you tell the attorney is held in the strictest confidence. This is an important aspect of an attorney-client relationship. This confidential relationship exists indefinitely even though this initial consultation is free of charge, and continues whether or not you decide to hire an attorney from this office to handle your case.

REFERRED BY: (circle) Internet Web Page / Advertisement / Friend / Other:

INTERVIEW DATE: ___ / ___ / ___ TYPE OF MATTER: (Circle) CRIMINAL/TRAFFIC

CHARGE	STATUTE	DATE OF ARREST	JAIL/COURT COUNTY
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BOND AMOUNT \$ _____ BOND COMPANY _____

COURT _____ HEARING DATE ___ / ___ / ___ TIME _____

A. PERSONAL INFORMATION

CLIENT'S FULL NAME _____

AGE _____ DATE OF BIRTH ___ / ___ / ___ SS# ___ - ___ - ___

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOUSE _____ APARTMENT _____ RENT _____ OWN _____

HOME# _____ WORK# _____ CELL# _____

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B. EDUCATION

HIGHEST LEVEL ACHIEVED _____ HIGH SCHOOL NAME _____

HS GRADUATION DATE _____ COLLEGE(S) _____

DEGREES HELD _____ DATES _____

SPECIALIZED TRAINING/CERTIFICATIONS _____

C. MILITARY

BRANCH _____ DATES OF SERVICE _____ to _____

ACTIVE/RETIRED/RESIGNED/DISCHARGE STATUS _____

CURRENT ASSIGNMENT _____

RANK/POSITION

D. EMPLOYMENT (Current)

EMPLOYER _____ ADDRESS _____

POSITION/DUTIES _____ LENGTH OF EMPLOY _____

ANNUAL SALARY _____ DRIVING REQUIRED: Yes/No

EMPLOYER _____ ADDRESS _____

POSITION/DUTIES _____ LENGTH OF EMPLOY _____

ANNUAL SALARY _____ DRIVING REQUIRED: Yes/No

E. FAMILY INFORMATION

MARITAL STATUS: Married/Single/Widowed/Divorced/Separated

SPOUSE'S NAME _____ EMPLOYER _____

RELATIVE OR OTHER CONTACT _____

ADDRESS _____ PH# _____

CHILDREN: Yes/No AGES _____ / _____ / _____ / _____ / _____

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F. OPERATOR'S PERMIT

DRIVER'S LICENSE NO. _____ STATE _____

DATE OF ISSUE ____/____/____ DATE OF EXPIRATION ____/____/____

CLASS(ES)_____ RESTRICTIONS _____

DRIVER'S LICENSE NO. _____ STATE _____

DATE OF ISSUE ____/____/____ DATE OF EXPIRATION ____/____/____

CLASS(ES)_____ RESTRICTIONS _____

G. MEDICAL INFORMATION

GENDER: Male/Female HEIGHT _____ WEIGHT _____ GLASSES/CONTACTS

PROSTHESIS: Yes/No TYPE _____ DENTAL: Braces/Dentures/Bridges/Other

CURRENTLY UNDER DOCTOR'S CARE? Yes/No HOW LONG? _____

DOCTOR'S NAME _____ ADDRESS _____

TELEPHONE # _____ DIAGNOSIS _____

CURRENT CARE/TREATMENT _____

FUTURE CARE/TREATMENT

DOCTOR'S NAME _____ ADDRESS _____

TELEPHONE # _____ DIAGNOSIS _____

CURRENT CARE/TREATMENT _____

FUTURE CARE/TREATMENT _____

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MEDICATIONS AT TIME OF OFFENSE/ARREST :

Type: _____ Purpose: _____
Dosage/Quantity: _____ Last Time Taken: _____
Effects of Medication: _____

Type: _____ Purpose: _____
Dosage/Quantity: _____ Last Time Taken: _____
Effects of Medication: _____

Type: _____ Purpose: _____
Dosage/Quantity: _____ Last Time Taken: _____
Effects of Medication: _____

H. MEDICAL HISTORY

PREVIOUS INJURY/DISEASE _____ DATE _____

PREVIOUS INJURY/DISEASE _____ DATE _____

PREVIOUS INJURY/DISEASE _____ DATE _____

BRIEFLY DESCRIBE YOUR CURRENT CONDITION/HEALTH: _____

DESCRIBE YOUR CONDITION/HEALTH AT TIME OF STOP/ARREST: _____

I. TRAFFIC RECORD (Attach if available)

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

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DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

J. CRIMINAL RECORD (Attach if available)

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	

DATE	STATE	COUNTY/CITY	CHARGE	SENTENCE/RESULT
____/____/____	_____	_____	_____	_____
Did you plead Guilty?	Yes/No	Were you represented by an attorney?	Yes/No	