CLIENT INFORMATION SHEET

Today's Date _____/_____/_____ Court Date (s) _____/_____/_____

Client Name _____ Age _____ Sex: M F

Address_____City/State/Zip_____

Home Phone ( )_____-_____ DOB _____/_____/_____

Work Phone ( )_____-_____ SSN _____-_____-_____

Cell Phone ( )_____-_____ Marital Status_____ How Long_____

E-Mail _____ Military_____

Last Level of Education _____ High School_____Church Affiliation _____

Current Medication_____ Current Parole/Probation_____

Children/Age _____ Child Support _____

Employer Name _____ Occupation _____

Employer Address _____ How Long _____

Charges/Reason for visiting our office _____

Case Number (s) _____, _____, _____

Other Pending Charges _____ County_____

Witnesses:_____Address _____ Phone #.:_____

Witnesses:_____Address _____ Phone #.:_____

Witnesses: _____Address _____ Phone #.:_____

How did you hear about our office?_____

FEE	$_____	PAID $_____	PAID $_____
RETAINER	$ _____	PAID$ _____	PAID $_____