

CLIENT INFORMATION SHEET

DATE: _____

PLEASE FILL OUT AS MUCH AS YOU CAN. EVERYTHING YOU WRITE IS CONFIDENTIAL AND PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. *PLEASE PRINT.*

FULL NAME: _____

HOME ADDRESS/CITY/STATE/ZIP: _____

BILLING ADDRESS (IF DIFFERENT): _____

DATE OF BIRTH: _____

HOME: _____

WORK: _____

FAX: _____

PAGER: _____

MOBILE: _____

EMAIL: _____

DRIVER'S LICENSE #/STATE: _____

SOCIAL SECURITY #: _____

EMPLOYER: _____

OCCUPATION: _____

ADDRESS/CITY/STATE/ZIP: _____

CONTACT NAME AND RELATIONSHIP: _____

ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____

CAN THIS PERSON BE NOTIFIED ABOUT YOUR UPCOMING COURT DATES? _____

HOW DID YOU LEARN ABOUT THIS ATTORNEY? (YELLOW PAGES, REFERRAL (NAME OF PERSON REFERRING), ETC.)

BRIEFLY DESCRIBE THE FACTS OF YOUR SITUATION OR CASE: _____

DO YOU HAVE ANY DOCUMENTS RELATING TO THIS CASE AND DO YOU HAVE THEM WITH YOU? _____

____TERRY KEEL ____JASON R. NASSOUR ____JOSH FOGELMAN ____PATRICK GROVES

CHECK LIST - PLEASE CHECK ALL THAT APPLY

_____ **ALR HEARING**

_____ REQUESTED BY PHONE DATE/TIME: _____ DPS EMPLOYEE NAME: _____

_____ REQUESTED BY FAX DATE/TIME: _____ CONFIRMATION ATTACHED: YES _____

_____ REQUESTED BY LETTER DATE/TIME: _____ COPY ATTACHED: YES _____

_____ **OCCUPATIONAL DRIVER'S LICENSE** **FILING FEE: \$** _____

_____ **VIDEO TAPE**

_____ **PC AFFIDAVIT/COMPLAINT/INFORMATION**

_____ **SEARCH WARRANT**

_____ **LETTER OF REPRESENTATION**

_____ **MOTION - DWI BT** (**BREATH TEST** _____ **BLOOD TEST** _____)

_____ **MOTION - DWI BTR**

_____ **MOTION - STANDARD**

_____ **MOTION - OTHER**

_____ **TCCES**

_____ **OTHER**