CONFIDENTIAL CLIENT INFORMATION FORM:

The following information we are asking you to provide us is confidential information. This information will remain in our file and helps us better prepare your case and defend you. You do not have to fill out all of the information below, but we would strongly encourage you to provide as much information as you possibly can. We are asking for this information in order to help you!

DATE FILE OPENED DATE OF COMPLETION OF FORM	
Offense(s)	
State/FedCounty of Offense	
(If DWI Breath Test - Refused / Failed? Re	sult Request ALR Hearing
	gency Setting Date
Bondsman	
ATTORNEY FEE INFORMATION:	
\$ No charges, Dismissal, Plea	Payout Arrangement:
\$ Up-front Payment	Installment Amt \$ per Mth/Wk
\$ Trial Fee if Necessary	Beginning date
Copy of Contract to	
1. PERSONAL INFORMATION	
Client Name	
Allases/Iviekilailies.	
D.L. Number	BirthplaceDOB
Height:	Citizenship Legal or Illegal
Hair color:	Race
Eye Color:	EMAIL
Cell Phone:	Other Phone Number:
Malling Address	
Street/City/State/Zip	
COMMUNICATION PREFERENCE: MAII	LEMAILBOTH
Contact Person	Talanhana
Contact Person Email:	Telephone
Marital status: Spo	nise's Name
Other Important Close Relatives/Friends &	Contact Information:
Present Occupation:	How long?
Employer:	110W long.
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Education Level:		
Military Service:	Branch:	Highest
Rank:		-
If non-U.S. Citizen		
When did you last ente	r the U.S.?	
How did you enter the	U.S.?	s/NO. When?
Did you ever obtain a g	green card, visa, permission? Ye	s/NO. When?
Have you ever been de	ported or put into deportation pr	oceedings?
SOCIAL MEDIA:		
Do you have a social m	edia account (Facebook Twitte	r, Instagram, MySpace page, or other)?
□ YES	□ NO	i, instagram, wryspace page, or other):
Is it publicly viewable of	or accessible?	
□ YES		
2. WHAT BROUGHT	YOU TO ME?	
How did you hear abou	t the firm?	
I was referred by	/	
I found the firm	with a	
Google sea		
Other Inter		
A	vyers/Texas Rising Star	
FindLaw	. yora, remas rasing star	
Lawyers.com		
AVVO		
LinkedIn		
	cebook, Twitter)	
Social Media (Fa	, , , , , , , , , , , , , , , , , , , ,	
Printed Ad in		
/		
Other:		
3. ADDITIONAL CASE	INFORMATION	
SEARCH?		
WARRANT OR CONSE	NT?	
	anything) IN SEARCH?	The state of the s
	<i>S</i>) == =================================	

ANY STATEMENTS MADE TO POLICE?

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DAI/WDITTENICTAT	TO ATO ITO
ORAL/WRITTEN STAT	
WHERE WAS STATEM	IENT MADE?
ADVISED OF MIRAND	
□ YES □	
WHERE:	WHEN:
DOES CLIENT KNOW	II STATEMENT RECORDED!
CLIENT'S VERSION O	F EVENTS:
. PROBATION	
are you currently on Prob	
\square YES	
you are currently on proba-	tion, what was the original offense(s) for which you were placed on probation?
ounty of Original Senter	nce/Sentencing Judge or Court:
entenced to:	Date of Sentence:
urrent County of Superv	ision

5. PREVIOUS ARRESTS & CRIMINAL CONVICTIONS

Date	Charge	Type (felony or misdemeanor)	Disposition OR Outcome of Case	Location/County	Attorney

Prior Driver's License Suspensions

Has your driver's license ever been suspended for any reason	? YES	NO
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	If yes,	what	caused	your	prior	license	suspension?
--	---------	------	--------	------	-------	---------	-------------

_	If was	whon	*****	+1		1.	
•	II yes,	when	was	the	prior	license	suspension?

6. POTENTIAL WITNESSES

Potential Fact/Alibi Witnesses:

Name	Contact Info	Will Testify That:	

	acter Witnesses	
Name	Contact Info	Will Testify That:
. MEDICAL/PI	HYSICAL INFORMAT	TION
o you have any	physical nearth problems	s or medical conditions (please list conditions)?
Current Prescripti	on Medications:	
	modications.	

Have you ever been diagnosed or treated for any type of mental health condition? □ YES □ NO
If YES, please explain diagnosis and treatment you have received:
Have you ever been hospitalized for a psychiatric or mental health condition?
Were you taking any medication or drugs at the time of your arrest?
List all medications taken within 24 hours of your arrest (prescription and non-prescription). Include type, dosage, and time you took the medication.
What effect does the medication have on you?
Family History of Mental Health Conditions?
Do you have any disabilities?
3. ALCOHOL/DRUG HISTORY
Do you use drugs or alcohol? □ YES □ NO
f YES, which ones?
evised October 2, 2019

How often do you use the	substance or alcohol?
Have you ever undergone □ YES	alcohol or drug counseling? □ NO
Do you believe that you progressive Progressive Do YES	resently have an alcohol or drug problem?
Would you like assistance □ YES	in obtaining counseling or inpatient care? □ NO
Have you ever been to Alc □ YES	oholics Anonymous (AA/NA)? □ NO
Have you ever been criticiz □ YES	zed by a friend/family member for drinking too much or abusing drugs?
9. OTHER INFORMAT	TION
Do you have any informati arrest?	on you think we should know about you or the facts surrounding your