

TRAFFIC LAW INTAKE

DATE: _____

CLIENT NAME: _____ **SSN:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NO.: _____ **DRIVERS LICENSE NO.:** _____ **BIRTHDAY:** _____

EMPLOYER: _____ **BUSINESS TELEPHONE NUMBER:** _____

TICKET(S): _____ **CITY ARRESTING:** _____

DUI AND TRAFFIC BACKGROUND/RECORD: _____

WHAT HAPPENED: _____

WITNESSES/ADDRESSES/TELEPHONE NOS.: _____

MOTIONS TO FILE: _____

DRIVING ABSTRACT: _____

NEXT COURT DATE: _____ **TIME:** _____ **COURTROOM:** _____

REFERRED BY: _____

FEES: _____