

TRAFFIC CHARGES INTERVIEW

PERSONAL:				
FULL NAME:				
ADDRESS:				
CITY:	STATE:		ZIP CODE:	
MOBILE PHONE:		_ WORK PHONE:		
HOME PHONE:		E-MAIL:		
<u>VITAL INFORMATION:</u>				
DRIVERS LICENSE #/STATE:		SS#:		
DOB: SEX:	RACE: HT.:	: WT.:	EYES:	HAIR:
<u>VEHICLE INSURANCE</u> :				
[] FAMILY POLICY] INDIVIDUAL POLICY	NEXT INSURA	ANCE RENEWAL DAT	E:/
EMPLOYMENT:				
EMPLOYER(S):				
HOURS/DAYS OF EMPLOYMENT	Γ:			
EDUCATION :				
HIGH SCHOOL:		COLLEGE:		
SPECIAL TRAINING:				
FAMILY CONTACTS:				
SPOUSE:				
CHILDREN (NAME & AGE):				
MOTHER:	ADD	RESS:		
FATHER:	ADDI	RESS:		
HEALTH:				
GENERAL HEALTH CONDITIO	N:			
CURRENT MEDICATIONS:				
PHYSICAL DISABILITIES/INJUR	IES:			

**NOTE: IN THE FOLLOWING SECTION PLEASE WRITE IN DETAIL YOUR INVOLVEMENT WITH THE TRAFFIC CITATION(S) YOU RECEIVED. PLEASE ALSO INCLUDE YOUR CONSUMPTION OF DRUGS/ALCOHOL, IF ANY, PRIOR TO THE COMMISSION OF THE TRAFFIC VIOLATION(S). PLEASE BE AS COMPLETE AND DETAILED AS POSSIBLE. ALL INFORMATION WHICH YOU WRITE AND PROVIDE IN THE INTERVIEW IS CONSIDERED ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL.

CLIENT DETAILS OF EVENTS