



TRAFFIC CHARGES INTERVIEW

PERSONAL:

FULL NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL PHONE: _____ WORK PHONE: _____
E-MAIL: _____

VITAL INFORMATION:

DRIVERS LICENSE #: _____ STATE: _____ SS#: _____ - _____ - _____
DOB: ____/____/____ SEX: _____ RACE: _____ HT.: _____ WT.: _____ EYES: _____ HAIR: _____
UNITED STATES CITIZEN: YES _____ NO _____

EMPLOYMENT:

EMPLOYER(S): _____
HOURS/DAYS OF EMPLOYMENT: _____

EDUCATION:

HIGH SCHOOL: _____ COLLEGE: _____
SPECIAL TRAINING: _____

FAMILY CONTACTS:

MOTHER: _____ ADDRESS: _____
CELL PHONE: _____ EMAIL: _____
FATHER: _____ ADDRESS: _____
CELL PHONE: _____ EMAIL: _____

CLIENT DETAILS OF EVENTS

PLEASE WRITE IN DETAIL YOUR INVOLVEMENT WITH THE TRAFFIC CITATION(S) YOU RECEIVED. PLEASE INCLUDE YOUR CONSUMPTION OF ALCOHOL/DRUGS, IF ANY, PRIOR TO THE ALLEGED 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.
