

CLIENT INFORMATION FORM

DATE: _____

NAME (Last, First Middle): _____

Address: _____

Email: _____

Phone: Home: _____ Cell: _____ Work: _____

DOB: _____ Sex: _____ Race: _____ SSN: _____

Court Appointed? If so, date appointed: _____

Court File No(s). _____ Court Date: _____

Offense(s) Charged: _____

Drivers License Number and State Issued: _____

If you are not licensed in NC, do you understand that our lawyers are only licensed in NC and are not familiar with the insurance and DMV point system in other states? _____

Do you have a Commercial Drivers License? _____

Were you driving a commercial vehicle at the time of the offense? _____

Have you had any prior driving convictions in the past 3 years? If "yes", please list the outcome of each.

Have you or anyone else on your insurance used a prayer for judgment in the past 3 years? _____

Do you have any OTHER pending traffic violations? _____

Do you agree to contact Leslie Locke Craft immediately if anything happens from now until your court date that would effect this case (such as receiving another traffic ticket)? _____