

THE WILLIAMS LAW FIRM

CLIENT INFORMATION SHEET

Date: _____

First Name _____ Middle Name _____ Last Name _____

Race _____ Sex _____ Age _____ Hair _____ Eyes _____ Weight _____ Height _____

Address _____ Apt. No. _____ City, State, Zip _____ How long have you lived in this address? _____

No. of Dependents _____ Lives with (Name) _____ Relationship _____

Cell Phone _____ Alternate Phone _____ SSN. – Last 4/DWLS or DWI Case _____ How long have you lived in Travis Co? _____

Email Address _____ How often do you check your email? _____

Driver License/ID No. – Issued By _____ Date of Birth _____ Place of Birth _____

Employer _____ Job Position _____ Employer Phone _____

Are you enrolled in counseling? _____

Are you currently on probation? If yes, for what offense? _____

Are you currently on parole? If yes, for what offense? _____

Have you ever been arrested? If yes, for what offense? _____

How did you hear about our office? _____

References:

1. _____
Name _____ Street Address _____ Phone _____ Relationship _____

2. _____
Name _____ Street Address _____ Phone _____ Relationship _____

3. _____
Name _____ Street Address _____ Phone _____ Relationship _____

4. _____
Name _____ Street Address _____ Phone _____ Relationship _____