

**CLIENT INFORMATION FOR
MISDEMEANOR AND IMPAIRED DRIVING OFFENSES**

PLEASE PRINT INFORMATION CLEARLY

Initial Consult Date: _____

Retainer Date: _____

FULL NAME: _____

MAILING ADDRESS: _____

CONTACT NUMBERS: Home: _____

Cell: _____

Email: _____

EMPLOYER NAME: _____ **NUMBER:** _____

ADDRESS: _____

The information provided below will help the staff of Edward V. Williams Attorney's Office complete your case in a more efficient and timely manner. Please be as honest and specific as possible as this information will be used in obtaining records and reports regarding your situation and may be necessary to provide to the court before your case can be completed. This, as with any information given to Edward V. Williams' Office, will be held strictly confidential at all times to persons other than the necessary court staff.

DOB: _____ **SOCIAL SECURITY #:** _____

DRIVERS LICENSE #: _____ **LICENSING STATE:** _____

HT: _____ **WT:** _____ **EYE COLOR:** _____ **SEX:** _____

HAIR COLOR: _____ **RACE:** _____ **DATE OF OFFENSE:** _____

ARRESTING OFFICER: _____ **COURT DATE:** _____

CASE#: _____ **B.A.C. LEVEL:** _____

PLEASE CHECK THE BOX OR BOXES THAT APPLY TO YOUR SITUATION:

RALEIGH POLICE SHERIFF STATE TROOPER OTHER: _____

During the incident you were:

POLITE SOMEWHAT UPSET VISIBLY UPSET ARGUMENTATIVE HOSTILE

You were going: _____ You were coming from: _____

NOTES:

