

# HAND LAW FIRM

ATTORNEY AT LAW



## CLIENT INFORMATION FORM

### CRIMINAL CASE

Today's Date  Date of Occurrence:

Date of Birth  SS#

Name

Address

City, State, Zip Code

Phone#: (Home)  (Cell)

E-Mail:

How you found out about us

Name, address, phone number of Company you work for:

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**Confidential information will be sent to the email address and your home address**

Provide a Brief Description of your current situation:

How many charges do you have pending?

Can you list all of your charges?



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Do you have any prior charges?

List prior charge(s) and the outcome of the case(s):

Where will the present case be heard (City / County / State)?

Are you aware of upcoming court dates? If yes, when?

Do you have case number(s), ticket(s), warrant(s), or any other documentation relative to the present case?

Do you have evidence relative to the present case? If yes, explain.

Do you have witnesses available to corroborate your explanation of events?

If yes, list name and contact information.

Please briefly explain your goals for this case and what you would us to accomplish on your behalf:

(For office use only)

Criminal

Flat Fee Rate:

Civil

SOL:

Social Security

Disability

