

NEW CLIENT INFORMATION-CRIMINAL OR DUI

NAME: \_\_\_\_\_  
                                LAST                                FIRST                                MIDDLE

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

May messages be left on answering machine? \_\_\_\_\_ yes \_\_\_\_\_ no

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WORK NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you a former client of William Shreve? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, type of case: \_\_\_\_\_

Type of current case: \_\_\_\_\_

DUI? \_\_\_\_\_ Any prior DUI Charges? If yes, what year(s)? \_\_\_\_\_

Treatment received? \_\_\_\_\_

Criminal Charge? \_\_\_\_\_

Type of charge? \_\_\_\_\_ Prior charges and years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_