

The Wilson Law Firm
9300 Grant Avenue, Suite 301
Manassas, Virginia 20110
Phone: 703-361-6100 Fax: 703-365-7988
www.thewilsonlawfirm

CLIENT CASE INFORMATION

Today's Date: _____ City/County Where Case Is Pending: _____

Offense Date: _____ Arraignment Date & Time: _____ am / pm

Court Dates & Times: _____ am / pm

_____ am / pm

_____ am / pm

PERSONAL INFORMATION

Name _____ Home # _____

Address _____ Work # _____

City _____ State _____ Zip _____ Cell # _____

Date of Birth _____ SSN _____ E-mail: _____

Are you a U.S. Citizen? (Circle: Y / N) If not, what is your current status? _____

Age at time of incident: _____ Height: _____ Weight: _____

Name of spouse/significant other: _____

May we send mail to your home? _____ work? _____ May we contact you at your home? _____ work? _____

CURRENT OFFENSE(s):

_____ DUI / DWI

_____ 1st _____ 2nd/5yrs _____ 2nd/10yrs _____ 3rd/5yrs _____ 3rd/10yrs _____ 4th+ /10yrs

_____ Breath Test _____ Blood Test; Result: _____

_____ Refusal to Submit to Breath / Blood Test

_____ Reckless Driving (_____ mph in a _____ mph zone)

_____ Driving Suspended / Revoked

_____ Leaving Accident Scene - Hit & Run (misdemeanor or felony)

_____ Speeding (_____ mph in a _____ mph zone)

_____ Driving After Habitual Offender (misdemeanor or felony)

_____ Other (Specify)

NAME OF ARRESTING OFFICER: _____ AGENCY: _____

BREATH TEST OFFICER (if applicable): _____

How Did You Hear About THE WILSON LAW FIRM?

PERSONAL REFERRALS:

- The Wilson Law Firm has represented me before
 I was referred by (Circle): Attorney / Other

Name: _____

- I received a letter in the mail

YELLOW BOOK:

- Manassas / Warrenton
 Woodbridge / Stafford

RED BOOK (COMMUNITY PHONE BOOK):

- Manassas / Manassas Park
 Woodbridge / Dale City

OTHER (Please Specify):

If “**ONLINE**” or “**GOOGLE**”, please select the applicable website picture:



- TKevinWilsonLawyer.com AND/OR
 TheWilsonLawFirm.org



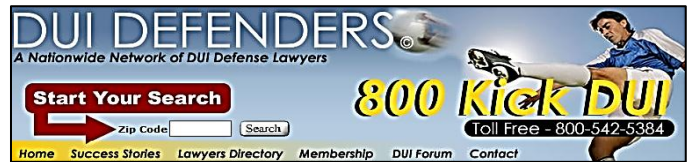
- VirginiaDUIDefense.com



- Virginia-DUI-Lawyer.com



- AVVO.com



- DUI.com



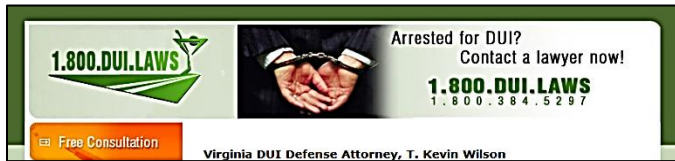
- DUI-Help.com



- TotalDUI.com



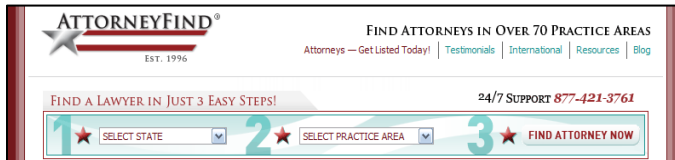
- SpeedingTicketCentral.com



- 1800DUILaws.com



- 1800DialDUI.com AND/OR
 Americas-Top-DUI-Lawyer.com



- AttorneyFind.com



- AttorneyPages.com



- Lawyers.com



- VirginiaDrunkDrivingLawyer.com

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QUESTIONNAIRE

FAMILY INFORMATION:

_____ Single _____ Married _____ Separated _____ Divorced _____ Widow

Do you have **children**? Yes / No What are their ages? _____

Are they in your custody/care? _____

Do you drive them to **day care**? Yes / No

If yes, where and when? _____

Do you drive them to the **doctor**? Yes / No

If yes, where and when? _____

Do you drive them to **school**? Yes / No

If yes, where and when? _____

EDUCATIONAL BACKGROUND:

High school: Diploma / GED If no, indicate highest grade completed _____

College: _____ # years completed Degree: Type _____ In what? _____

If currently enrolled, please provide the following information:

School Name _____

Location _____ Expected Graduation Date _____

Graduate School: _____ # years completed Degree: Type _____ In what? _____

If currently enrolled, please provide the following information:

School Name _____

Location _____ Expected Graduation Date _____

Trade School: _____

Other: _____

Is English your native language? Yes / No If not, what is your native language? _____

MILITARY HISTORY

Military service? Yes / No Branch _____ Years of Service _____

Highest Rank _____ Discharge Type _____

EMPLOYMENT:

Employer _____ Position / Title _____

Address _____ How long with company? _____

What do you do at this company? _____

Address to which report if different than above. _____

What days of the week do you work? S / M / T / W / H / F / S

When do you leave home? _____ When do you arrive at work? _____

When do you leave work? _____ When do you arrive at home? _____

Does your job require you to **drive during work** hours? Yes / No

If yes, to where and why? _____

Do you have a security clearance? ____ Yes ____ No If yes, what level? _____

Previous Employer _____ Position / Title _____

Address _____ How long with company? _____

CRIMINAL & TRAFFIC HISTORY:

What state issued your Drivers License? _____

When and where was your **LAST TRAFFIC TICKET/CITATION?** _____

PLEASE LIST YOUR COMPLETE CRIMINAL / TRAFFIC HISTORY

<u>Offense</u>	<u>Year</u>	<u>Jurisdiction</u>	<u>Disposition/Sentence</u>
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WHAT ELSE can you tell me about yourself, including your family, job etc.? Be specific.
