

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



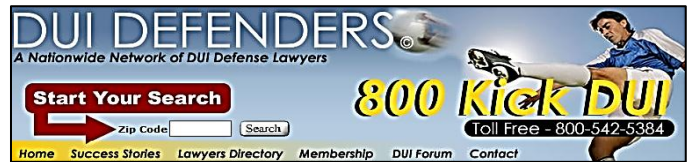
- VirginiaDUIDefense.com



- Virginia-DUI-Lawyer.com



- AVVO.com



- DUI.com



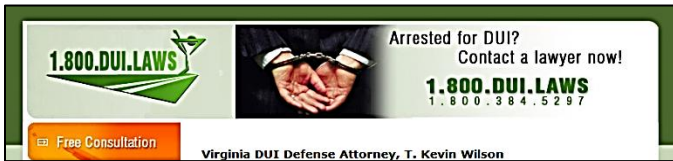
- DUI-Help.com



- TotalDUI.com



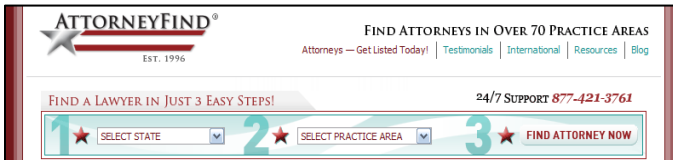
- SpeedingTicketCentral.com



- 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHAT ELSE can you tell me about yourself, including your family, job etc.? Be specific.

DETAILS OF THE OFFENSE

With as much detail as possible, please describe what happened, including what lead up to these events:

Please describe the officer's attitude below (if applicable):

Account of all conversation, in the order it occurred, between the officer and Defendant:

Is there ANYTHING ELSE about this matter or the events leading up to it that you would like to share, ask or discuss with us?

