

# Amos & Muffoletto, LLC

## Client Information Form

Name:

E-mail Address:

Address:

City:

State:

Zip:

Date of Birth:

Social Security #:

Drivers License #:

Place of Birth:

Employer:

Phone Numbers: please complete all lines & check the preferred method of contact

Work:

Home:

Cell:

Fax:

Regarding:

Briefly describe the need for legal counsel or representation:

- Criminal       DUI       Serious Traffic       Minor Traffic  
 Collection       Civil       Family Law       Appellate Matter  
 Protective/Peace Order       Modification of Family Law Order       Pre/Post Marital Agreement  
 Other:

Referred by:

Fee: \_\_\_\_\_

Trial Date:

This is not a retainer or contract for representation.  
This is only for informational use. Neither party is bound or obligated as a  
result of completing this document.

