

SUPERIOR OR DISTRICT COURT CLIENT QUESTIONNAIRE

(PLEASE COMPLETE THE FOLLOWING PRIOR TO YOUR APPOINTMENT WITH MR. STILLER OR MR. DISBROW)

Today's Date: _____

Referred By: _____

Your full name _____

(First, middle, last name)

Mailing Address: _____

(Town, state, zip code)

Phone Number: _____

Home

Work

Cell

Fax

Email address

Drivers License # / State: _____ Social Security #: _____ Date of Birth: _____

Your Place of Employment: _____

Address of Employer: _____

List any and all charges below that you are here to discuss with Mr. Stiller or Mr. Disbrow today:

List charge/s	Court date/s

What other types of charges have you ever been convicted of and when?

Are your drivers license currently revoked? YES NO If yes, why? _____

*******COMPLETE THE INFORMATION BELOW ONLY IF YOU ARE HERE TO DISCUSS A DRIVING WHILE IMPAIRED**

CHARGE OR TO SEE IF YOU ARE ELIGIBLE FOR A LIMITED DRIVING PRIVILEGE*****

Did you receive a breathalyzer score, blood test or were you listed as a "refusal"? (CHECK ONE BELOW):

BREATHALYZER BLOOD TEST REFUSAL

If the above answer is YES, what was your score? _____

Please provide to us the following information for your file:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

FYI: Standard hours that you will be able to drive on a Limited Driving Privilege, pretrial or otherwise, are Monday through Friday from 6:00 o'clock a.m. to 8:00 o'clock p.m. If you need to drive OTHER than these days and times, provide us with specific days and times below that you must drive and for what purpose:
