

THE MARTINEZ LAW FIRM

CLIENT INFORMATION FORM

ATTORNEY/CLIENT COMMUNICATION: THIS DOCUMENT AND IT'S CONTENTS CONSTITUTES LEGALLY PRIVILEGED INFORMATION

PERSONAL INFORMATION		
CLIENT NAME / NOMBRE	ADDRESS/ DIRECCIÓN	CITY/CIUDAD
STATE/ESTADO	ZIP CODE/ CÓDIGO POSTAL	PHONE NUMBER/NUMERO
CELL# OR OTHER	DATE OF BIRTH / FECHA DE NACIMIENTO	PLACE OF BIRTH/LUGAR DE NACIMIENTO
SOCIAL SECURITY/SEGURIDAD SOCIAL	DRIVER'S LICENSE / NUMERO DE LICENSIA	EMAIL ADDRESS:

CASE INFORMATION:		
FORMAL CHARGE (S) /CASO (S)	COURT #	BOND AMOUNT \$ _____
SPN#	CASE # (S) / NUMERO DE CASO (S)	BONDING COMPANY NAME:
FIRST COURT SETTING:		

EMPLOYMENT:		
EMPLOYER/ EMPLEADOR	ADDRESS/ DIRECCIÓN	CITY/STATE/ZIPCODE CIUDAD /ESTADO/ CÓDIGO POSTAL
OCCUPATION/ OCUPACIÓN	WORK # / NUMERO DE TRABAJO	

IN CASE OF EMERGENCY- CONTACT: / EN CAUSA DE EMERGENCIA		
NAME/ NOMBRE	RELATIONSHIP / RELACIÓN	ADDRESS/ DIRECCIÓN
CITY/STATE/ZIPCODE CIUDAD /ESTADO/ CÓDIGO POSTAL	PHONE NUMBER / TELEFONO	WORK # / TELEFONO DE TRABAJO

HOW DID YOU LEARN ABOUT OUR FIRM: / COMO SE ENTERO DE NUESTRA FIRMA		
NAME / NOMBRE	INTERNET / ONLINE	ATTORNEY / ABOGADO

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DETAILS OF OFFENSE:		
DATE OF OFFENSE:	ACQUADAINANCE	
COMPLAINING WITNESS:	COMPLAINING WITNESS INFORMATION	
WITNESS	ADDRESS	PHONE NUMBER
WITNESS 2		
WITNESS 3		

NOTES:

FEE ARRANGMENT/ COMISION DE APERTURA					
PRE-TRIAL FEE	TRIAL FEE	FLAT FEE			
PAYMENT SCHEDULE/ PAGOS					
DATE	AMOUNT	RECEIVED BY	BALANCE	PYMT TYPE	INVOICE SUBMITTED
