

# 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_