

Law Office of Susan M. Edmonson
2501 65th Street, Suite B
Galveston, Texas 77551
Phone: (409) 744-0816 Fax: (409) 741-3979

CLIENT INFORMATION FORM- CRIMINAL DEFENSE

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ City/State of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Nature of case / reason for seeking consultation with our office: _____

How did you hear about our office? _____

Please continue on the next page

What kind of offense are you being charged with?

Who was the Arresting Agency?

Was a Bonding company used? ___ Yes ___ No

If so, Who?

Which Court is Assigned to the case? _____ County: _____

Date of Alleged offense? ____/____/____

Name of Complaining witness ? _____

Are you a Legal Plan Member? _____ If so, Which Plan _____

Case Number if Given: _____ Member Number if Given: _____

I understand that the cost of a consultation is \$50 and to be paid at time of service.

Signature: _____

Date: _____

* Legal plan members will be charged according to their respective plans & billed for time not covered.