

GONZALEZ LAW FIRM, PLLC
TRAFFIC/CRIMINAL INTERVIEW FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____

Mobile: _____

Employer: _____

Email Address: _____

Driver's License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Race: _____ Sex: _____

Type of Matter: (Circle One) CRIMINAL TRAFFIC

Charge: _____

Court Date: _____

Have you or anyone else on your insurance used a prayer for judgment in the last three years?

Have you ever used this firm before? _____

How were you referred:

Phonebook: _____ Former Client: _____ Bar referral: _____

Other lawyer: _____ Pre-Paid Legal _____

ARAG _____

Personal referral: _____ HYATT _____ Member ID

ARAG _____ Member ID# _____