

LAW FIRM OF SHAWNDRIA MCCOY, PLLC
CLIENT INFORMATION (CRIMINAL/TRAFFIC)

Date: _____ Sex: _____ Eye Color: _____ Height: _____ Age: _____ DOB: _____

Name: _____ SSN: _____
First Middle Last

Address: _____
Number/Street Apt. # City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ DL #/State: _____

School: _____ Grade: _____

Employer : _____ Job Title: _____ How Long? _____

Employer Address: _____
Number/Street City State Zip

Marital Status: _____ Spouse Name: _____ #Children/Ages: _____

Emergency Contact: _____
Name Phone number Relationship

Court Date: _____ Date you missed court: _____

Legal Matter(s): _____

Other Party Involved: _____ Relationship/How Long Known: _____

Other Party Involved: _____ Relationship/How Long Known: _____

Witnesses: _____

Prior Criminal/Traffic Record: _____

FIRM USE ONLY: Conflict Check: _____ Fee Agreement: _____ Engagement Letter: _____

Retainer Flat Fee Amount Paid: _____ Trust Operating Receipt Given

Attorney Notes: _____
