

# Amos & Muffoletto, LLC

## Client Information Form

Name:

E-mail Address:

Address:

City: State: Zip:

Date of Birth: Social Security #:

Drivers License #: Place of Birth:

Employer:

Phone Numbers: please complete all lines & check the preferred method of contact

- Work:
- Home:
- Cell:
- Fax:

Regarding:

Briefly describe the need for legal counsel or representation:

- Criminal
- DUI
- Serious Traffic
- Minor Traffic
- Collection
- Civil
- Family Law
- Appellate Matter
- Protective/Peace Order
- Modification of Family Law Order
- Pre/Post Marital Agreement
- Other:

Referred by:

Fee: \_\_\_\_\_

Trial Date:



This is not a retainer or contract for representation.  
This is only for informational use. Neither party is bound or obligated as a  
result of completing this document.

