

**CLIENT INTAKE FORM- DRIVING WHILE LICENSE
SUSPENDED/ REVOKED AND TRAFFIC**

Name: _____

Mailing Address: _____
(include zip) _____

Residence Address: _____
(if different) _____

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

Email address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Name and _____

Marital Status: _____

Address of _____

Employer: _____

Number of Dependents: _____

Position: _____

Do you drive for work purposes? _____

Have you ever been arrested for or convicted of **any** other criminal offense, either in NYS or out of state? Y_____ N_____ If so, list conviction(s) and date(s)(even if charge was reduced):

NOTE: Failure to disclose **any** priors can hurt your case. The law has changed, out of state convictions COUNT. – use page 2 if necessary

Have you ever been convicted of DWI, DWAI, or DUI, either in NYS or out of state? Y_____ N_____

If so, list conviction(s) and date(s): _____ (use page 2 if necessary)

Have you ever been on probation for any criminal offense? Y_____ N_____

Are you currently on probation? Y_____ N_____

Are you on probation for DWI? Y_____ N_____

Have you ever been on parole? Y_____ N_____

Are you currently on parole? Y_____ N_____

Are you a U.S. citizen? Y_____ N_____

If not, what is your immigration status? _____ (Ask for immigration questionnaire from secretary.)

What are you charged with? _____ Where did you receive the ticket? _____

What court is it in? _____

When is your next court date? _____

What other convictions do you have on your license within the last **18** months? _____
_____ (use page 2 if necessary)

Do you have an abstract? Y_____N_____ Do you want me to get this information? Y_____N_____

Do you consent to my getting your license/registration information from DMV to handle your case? Y_____N_____

Do you have a valid driver's license? Y_____ N_____ If not, is it suspended/revoked? Y_____ N_____

If so, what is the reason for the suspension/revocation?

___DWI/DWAI ___ Insurance ___ Unpaid Tickets ___ Failure to appear in court ___ Child Support
___ Other

What do you require a license for? (check all applicable)

___ Work ___ Drive at work ___ School ___ Medical ___ Transport of Children

Do you have Ignition Interlock on your car? Y_____N_____

How did you find Mr. Corletta? (check one)

Previous Client Referral-Name of person referring: _____

Telephone Directory Ad Internet Ad Television Ad

How do you intend to pay? (check all applicable)

Cash Check Money Order Credit Card (MC, Visa, Disc., **AMEX**)

Circle all that apply

This information will be used to establish your file and to handle your case. Please make sure it is accurate. We rely on this information. Cancellation of any appointments are to be made at least 24 hours in advance, otherwise they are subject to a cancellation fee.

Signature _____

Date ____/____/____

Additional space needed for:

Prior criminal offense(s): _____

Additional space needed for:

Prior DWI, DWAI, DUI offense(s): _____

Additional space needed for:

Prior traffic convictions (last 18 months) list date, location, and offense(s): _____

