



New Client
Existing Client

DUI CLIENT INFORMATION

Date File Opened: _____ Referred by: _____

Name: _____
Last First Middle

Address: _____
Street/PO Box City State Zip

Mailing Address: _____
*If Different Street/PO Box City State Zip

Cell Telephone: (____) _____ Secondary Telephone: (____) _____

Cell Android iPhone Receive Text Cell Home Other

Cell Phone Carrier: _____

Email: _____

Employer: _____ Work Telephone: _____

DOB: ____/____/____ SSN: ____-____-____ DL#: _____ State: _____

US Citizenship: Yes No | DOC#: _____ | State ID#: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Phone Number: _____ Other: _____

This person is authorized to discuss my case with Hosty Law Office personnel: Yes No

CASE DETAILS

Legal Situation/Charges: _____ Date of arrest: ____/____/____

Date/Time Released from Jail: _____ Arresting Agency: _____

Court Involved: _____ Arraignment Date: ____/____/____

Professional License: _____ CDL: Yes No

Bondsman/Bond Company: _____ Type of Bond: _____

Telephone: _____ Bond Amount: _____

Prior Arrests/Convictions: _____

NOTES: _____

Judge: _____ DPS #: _____ ADA: _____

Case #'s: _____

OFFICE USE ONLY:

Completed: OSCN/ODCR Check: | Vid. Req: | EOA: | DPS Admin Hearing:

In Billings In Client Database