



New Client
Existing Client

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

Primary Telephone: (____) _____ Secondary Telephone: (____) _____
 Cell Home Other Cell Home Other

Cell Phone Carrier: _____

Email: _____ Do you want secured messages? Yes No

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: ____/____/____

Arresting Agency: _____ Court Involved: _____

Arraignment Date: ____/____/____ Professional License: _____

CDL: Yes No

Bondsman/Bond Company: _____ Type of Bond: _____

Telephone: _____ Bond Amount: _____

Prior Arrests/Convictions: _____

NOTES: _____

Persons Authorized to Discuss Case w/ TWHPC Staff: _____

OFFICE USE ONLY:

OSCN/ODCR Check: | Vid. Req: | EOA:

In Billings In Client Database