

Law Office of Homesley, Gaines & Dudley
Traffic Violations Intake Form

Print Name Signature Date

_____/_____/_____
Citation No. Date of Consultation

Last Name First Name Middle Initial Sex Date of Birth

Street Address Apt No. City State Zip Code

Email Address Home Phone No. Cell Phone No. Work Phone No.

Alternate Contact Relationship Telephone No.

_____-_____-_____
Social Security No. Drivers License No. State

Signature

Date of Arrest Day of Week Time

Location of Arrest (please include Address / City / Jurisdiction) Police Dept. making arrest

TRAFFIC TICKET

Reason for Stop:

Citations Issued: _____; _____; _____;

SUSPENSIONS

If your case involves a suspended license, please list all known convictions:

Please include date (mth/yr), county, reason for suspension

Date County Reason for Suspension

DUI

If your case involves DUI (Driving Under the Influence), please answer the following:

- What number of DUI is this for you? _____
- Is your license currently suspended for DUI? _____
- Have you requested an administrative hearing to get a hardship license? _____
If so, will you need me for the hearing? _____
- Reason for Stop:

Roadblock Location:

_____ Accident Were you injured? _____ Was someone else injured? _____ Seriously Injured?

Was another citation issued? _____ If so, please provide all accompanying citation no's

• Roadside Exercises:

Did you refuse roadides? _____ If so, did the officer inform you they could be used against you? _____

Did you perform roadides? _____ If so, how many exercises were you asked to perform? _____

• Breath Test:

Did you take a breath test or did you refuse? _____

Where were you located when offered to take a breath test? _____

If you refused, were you told your license could be suspended? _____

Were you charged with any other crime? _____ If so, what are your other charges?

I agree that no legal advice has been tendered here today unless otherwise stated in a separate agreement. Said agreement will reflect scope of services and a predetermined method of payment. Any information provided to me today is for the sole purpose of assisting me in making a sound decision on whether I will choose to retain the **services of The Law Office of Homesley, Gaines & Dudley, LLP.** at a later time.

Print Name Signature Date