

## CLIENT INFORMATION SHEET

THE INFORMATION PROVIDED ON THIS FORM IS SOLELY FOR USE BY THIS OFFICE AND WILL NOT BE RELEASED TO ANYONE.

Name:

Current mailing address:

City:

State:

ZIP Code:

Email Address:

Phone (home):

Phone (work):

Phone: (cell):

### DRIVER'S LICENSE AND PERSONAL IDENTIFICATION INFORMATION

Drivers License (or ID) Number

Please indicate what STATE issued your driver's license or ID card:

Date of Birth:

Are you a Commercial Driver (CDL)?

### ALTERNATE CONTACT

Please furnish the name and phone number(s) for at least one person we can contact in the event we cannot reach you directly. This person will be authorized to receive information about your case and court dates. If you wish to authorize more than one person (such as both a spouse and an assistant) please do so below.

Alternate Contact Name:

Phone (cell):

Phone (home):

Phone (work):

Email:

Relationship:

### OPTIONAL ADDITIONAL ALTERNATE CONTACT

2<sup>nd</sup> Alternate Contact Name:

Phone (cell):

Phone (home):

Phone (work):

Email:

Relationship:

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE DAVID S. SPRECHER & ASSOCIATES, P.C. WITH MY CURRENT MAILING ADDRESS AND PHONE NUMBERS. SHOULD ANY OF THIS INFORMATION CHANGE WHILE MY CASE (S) IS (ARE) PENDING I WILL PROVIDE THE NEW INFORMATION, IN WRITING TO DAVID S. SPRECHER & ASSOCIATES, P.C. I RELEASE DAVID S. SPRECHER & ASSOCIATES, P.C. FROM ALL RESPONSIBILITY FOR NOTIFYING ME OF COURT DATES AND/OR OTHER INFORMATION ABOUT MY CASE(S) SHOULD I FAIL TO DO SO.

### SIGNATURE

Signature of applicant:

Date:

Visit us at  
[WWW.DAVIDSPRECHER.COM](http://WWW.DAVIDSPRECHER.COM)

DAVID S. SPRECHER

DAVID S. SPRECHER & ASSOCIATES, P.C., ATTORNEYS ♦ P.O. BOX 8. ♦ WALLER, TEXAS 77484 ♦ OFFICE: 713-639-2600 FAX: 713-639-2699