

Amos, & Muffoletto, LLC

Client Information Form

Name:

E-mail Address:

Address:

City:

State:

Zip:

Date of Birth:

Social Security #:

Drivers License #:

Place of Birth:

Employer:

Phone Numbers: please complete all lines & check the preferred method of contact

Work:

Home:

Cell:

Fax:

Regarding:

Briefly describe the need for legal counsel or representation:

Criminal
Collection

DUI
Civil

Serious Traffic
Family Law

Minor Traffic
Appellate Matter

Protective/Peace Order

Modification of Family Law Order

Pre/Post Marital Agreement

Other:

Referred by:

Fee: _____

Trial Date:



This is not a retainer or contract for representation.
This is only for informational use. Neither party is bound or obligated as a
result of completing this document.

