

**SITZLER and SITZLER**  
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**CONFIDENTIAL CLIENT CONSULTATION SHEET**

Interview Date: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address \_\_\_\_\_

SS #: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_

Municipal/County Court: \_\_\_\_\_

Warrant/Summons Numbers: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Court Date: \_\_\_\_\_

Offense(s) \_\_\_\_\_

Is your license currently suspended?      Yes      No

If yes, what is the suspension for? \_\_\_\_\_

~~If this is not your first offense for driving while suspended, please provide the following information:~~

Name of previous court \_\_\_\_\_

Date of offense \_\_\_\_\_ Guilty or Not Guilty

Fines \_\_\_\_\_

Were you represented by an attorney, and if so, who? \_\_\_\_\_

If this is a drug offense, what type of narcotics were found and in what quantity?

Is this your first offense?      Yes      No

If no, were you given a Conditional Discharge?      Yes      No

If you were referred by someone, please let us know who \_\_\_\_\_