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CONFIDENTIAL CLIENT CONSULTATION SHEET

Interview Date: _____

FULL NAME: _____ DOB: _____

FORMER NAME: _____

COMPLETE ADDRESS: _____

City _____ State _____ Zip _____

Tel. Numbers: Work: _____ Home: _____ Cell: _____

Email address _____

SS #: _____

Employer _____ How Long _____

Municipal/County Court: _____

Warrant/Summons Numbers: _____

Date of Offense: _____ Final Date: _____

Offense(s) _____

Costs, Fines, Court fees _____

Date of final payment _____

Date of completion of Probation _____

Municipal/County Court: _____

Warrant/Summons Numbers: _____

Date of Offense: _____ Final Date: _____

Offense(s) _____

Costs, Fines, Court fees _____

Date of final payment _____

Date of completion of Probation _____

Municipal/County Court: _____

Warrant/Summons Numbers: _____

Date of Offense: _____ Final Date: _____

Offense(s) _____

Costs, Fines, Court fees _____

Date of final payment _____

Date of completion of Probation _____

Have you been fingerprinted by BIOAPPLICANT? YES NO

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

PLEASE READ THE FOLLOWING CAREFULLY

1. The **RETAINER** that you pay to this firm is **NON-REFUNDABLE**. All fees quoted at the time of your consultation are to be paid in **FULL** before your petition will be filed with the court.
2. If you pay by check and the check is returned to our office for non-sufficient fund or the account is closed, you will be notified immediately. Should that occur, your personal check will no longer be accepted. Payment will have to be made by certified check, money order, cash, credit card or cashier check. Should a check be returned, there is a \$25.00 processing fee that is to be paid to our office in addition to the amount of the returned check.
3. If you do not get fingerprinted by BIOAPPLICANT and your petition is denied for offenses not disclosed, there will be an additional fee to re-file the petition.
4. You will be billed for all out-of-pocket expenses pertaining to your expungement. There will be filing fee of \$75, in addition to the cost of the certified mailings.
5. Your file will only be retained electronically by our office for ten (10) years upon completion of your case.
6. Should you have any questions concerning your case, please do not hesitate to contact our office.

Please initial on the following line to indicate that you have read and understood the above. Thank you. _____

Interview Notes: _____

