## THE WRIGHT LAW FIRM OF CHARLOTTE, P.L.L.C. 525 N. Tryon Street, Suite 1600, Charlotte, NC 28202

(704) 332-2274

## www.Wright4Justice.com

Confidential Client Information (Please Print)

## **CRIMINAL/TRAFFIC**

Your Full Legal Name:			
Today's Date: Driver	s License Number:	State Issued _	
Date of Birth: Age:	Sex: Male Female Soci	ial Security #:	
Height: Weight: Eye (	Color: Hair Color:		
Home Address:			
(Street)		(Apartment #)	
(City)	(State)	(Zip Code)	
Who recommended us to you?	F	Relationship?	
Have you missed a court date? yes If yes, complete the following:	Case #: e: a.m. / p.m. Court Ro no		
Home Phone: ( ) I	Fax at home: ( )	Cellular: ( )	
E-mail address:	Other p	hone: ( )	
Employer / Company Name:			
Work Address:(Street)			
(City)	(State)	(Zip Code)	
Work Phone: ( ) ex What is the nature of your case?		rk: ( )	
TRAFFIC DWI Speeding: in a zone Careless & Reckless Driving Stoplight/Stop sign Seat belt Revoked Driver's License Other:	Drug Trafficking Robbery / Burglary / E Conspiracy to Possession of Firearm FEDERAL CHARGI Other	by Felon E <b>S</b>	
 LEGAL FEE = \$	PAID:		