

Stephen W. Lee
Attorney at Law

CLIENT REGISTRATION

Full Legal Name: _____ Date: _____

Name You Go By: _____ Birth Date: _____

Home Telephone: _____ Business Telephone: _____

Cell Number: _____ Email Address: _____

Place of Employment: _____ Job Title: _____

How Long Employed: _____

What charge were you arrested for: _____

Have you ever been charged with, or convicted, of a crime in the past: _____

If yes, please state when, where and the nature of the charge: _____

Name, Address and phone number of alternate contact: _____

How did you hear about us: _____

DUI ONLY

Date of Arrest: _____ Drivers License Number _____

Did you submit to a breath test: _____ Result of Breath Test: _____

Reason for Stop: _____