

GWC Law Firm

Confidential Client Information Sheet

How did you hear about us? phone book / web site / TV ad / referral: _____

Name
Address
City, St, Zip
Home Phone
Cell Phone
Work Phone
Email
If you are here on behalf of someone else, their Name

I am interested in (check all that apply):

- | Family Law | Estate Planning | Business/Civil | Criminal |
|--|--|---|---|
| <input type="checkbox"/> Divorce/Annulment | <input type="checkbox"/> Wills & Trusts | <input type="checkbox"/> Business | <input type="checkbox"/> Misdemeanor |
| <input type="checkbox"/> Child Custody/Support | <input type="checkbox"/> Living Will | <input type="checkbox"/> Taxation | <input type="checkbox"/> Felony |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Healthcare PoA | <input type="checkbox"/> General Civil Litigation | <input type="checkbox"/> Class C Citation |
| <input type="checkbox"/> Pre-Marital Counsel | <input type="checkbox"/> Elder Care Planning | <input type="checkbox"/> Debt Relief/Bankruptcy | <input type="checkbox"/> Traffic Ticket |

Please give a brief description of your legal problem:

WAIVER & CONSENT

I certify that I am not currently represented by an attorney with regard to the matter I am here for today, or if I am represented, I am here for a second opinion. I understand that all matters discussed with the attorney are subject to confidentiality under the attorney-client privilege. The attorney may not discuss the matters with third parties without my consent except as needed to carry out representation of me. The law also requires the attorney to disclose my confidential information if: ordered by the court, the Texas Disciplinary Rules, other law, to defend against civil or criminal charge, to prevent the client from committing fraud or criminal act, or to rectify fraud or criminal acts.

I further certify that I will be truthful with the attorney with regard to potential conflicts of interest and all other matters. I realize it is in my best interest to be honest with the attorney so that I get the best legal advice. The fee for today's visit is \$ _____

Date: _____

Sign: _____

GWC LAW FIRM

GARY WILLIAM CUNHA, ATTORNEY & COUNSELOR AT LAW

510 N. VALLEY MILLS, #304, WACO TX 76710 254-752-4279, FAX 254-751-7288

Please tell us how you heard about us:

- TV
- Waco Today
- Greater Waco Yellow Pages
- Southwestern Bell Yellow Pages
- Referral from Attorney: _____
- Thrifty Nickel
- Referral from friend: _____
- Court appointment
- Other-specify _____

PLEASE ATTEMPT TO ANSWER EVERY QUESTION. HOWEVER, DO NOT ANSWER QUESTIONS THAT DO NOT APPLY TO YOUR CASE.

Date: _____

1. Your name: _____

2. Your home address, including the city where you live and zip code: _____

Phone: _____ Cellular: _____ Pager: _____

(If you do not have a phone, please list a number where you can be reached by message!)

3. Your Age: _____ Date of Birth: _____ Sex: _____ Citizenship: _____

Social Security No. _____ Driver's License No. _____

Color of Hair _____ Color of eyes _____ Weight _____ Height _____

4. Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____

Spouse's Present Address: _____

Telephone No. _____

5. Children and Dependents:

Name	Age	Relationship	Address	Amount of Support
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6. What crime are you charged with? _____

7. Language Ability:

English: Speak Write Read

Spanish: Speak Write Read

Other: _____ Speak Write Read

8. Education:

Please list your highest grade completed: _____

9. Employment:

Where do work? _____

How long have you worked there? _____

What is your salary? _____

10. Military Service:

Branch of Service: _____ Length of Service: _____

Final Rank: _____ Type of Discharge: _____

Serial No. _____ Honors, Medals, Awards: _____

Combat Duty: _____ Service Abroad: _____

Court-Martial:

Charge: _____ Outcome: _____

Charge: _____ Outcome: _____

11. Health Record:

Are you under a doctor's care? Yes No

Do you have any chronic health problems? Yes No

Are you being treated, or have you EVER been treated for:

Drug Addiction Yes No

Alcoholism Yes No

Epilepsy/Stroke Yes No
Traumatic Head Injury Yes No
Psychiatric Evaluation Yes No

12. Prior criminal record (including juvenile record):

Have you been convicted of any crime other than traffic tickets? Yes No

If yes, please list all convictions:

13. Are you currently on probation or parole?

Probation Yes No Charge _____

Parole Yes No Charge _____

Who is your supervising officer? _____

14. Who is your bondsman? _____

15. How much is your bond? _____

16. Were any of the following tests made after arrest? (Circle all that apply.)

- Blood Test
- Urine Sample
- Hair Sample
- Breath Test
- Fingerprints
- Photographs
- Handwriting sample
- Voice sample
- Any other? _____

Did the police do a medical or psychiatric examination: Yes No

Did you give them permission? Yes No

Where tested? _____

Duration and extent of tests: _____

Any statements to police or doctor during tests? _____

17. Lineup and identification:

Were you taken back to the scene of arrest? Yes No

If yes, were you under arrest at the time? Yes No

Were you given your Miranda warnings prior to this time? (Miranda warnings are you have the

“right to remain silent; you have the right to an attorney,” etc.). Yes No

Was there an identification made? Yes No

Were you ever in a live lineup? Yes No

If yes, where and when? _____

18. Circumstances of Arrest:

Date: _____ Time: _____ Place _____

Were you arrested because you had an arrest warrant out on you? Yes No

Were there any witnesses to your arrest? Yes No

Who are they? _____

Was anybody else arrested beside you? Yes No

Did you resist arrest? Yes No

19. Arrest Search:

At the time that you were arrested, did the police or anyone else search your :

Vehicle: Yes No

Home: Yes No

Personal items Yes No

Your person: Yes No

If you answered yes to any of the above, did you give consent to search? Yes No

20. Statements by client:

Did you give a statement to police? By statement, this means any information beyond your driver’s license, home address, etc. Yes No

Before you gave them that information, were your Miranda warnings given? Yes No

Did you give a written statement? Yes No

Did you give an oral Statement? Yes No

Prior to your statement or at anytime during giving your statement, did you ask to see an attorney?
Yes No

Did the police honor your request? Yes No

Did you ever ask them to stop questioning you? Yes No

Did they stop? Yes No

How long did questioning continue? _____

Who conducted questioning? _____

Who else was present? _____

Did you say anything to anyone other than interrogating officers? Yes No

To whom?

What was said?

21. Please list the other defendants/persons arrested:

<u>Names</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

Do you have a job? Y / N If yes, where do you work? _____

Work address & phone: _____

What days and hours do you work? Sun _____ Mon _____ Tue _____

Wed _____ Thu _____ Fri _____ Sat _____

FILL THE NEXT PAGES OUR **ONLY IF YOU WERE ARRESTED FOR DWI,**
OTHERWISE RETURN THIS TO THE LEGAL ASSISTANT, PLEASE.

What did the police tell you the reason was for pulling you over?

Were you in a car accident prior to your arrest? Yes / No

How many had you drinks had you consumed prior to being stopped? _____

What time did you start drinking? _____

What time did you stop drinking? _____

What were you drinking? (If more than one, please guess how many of each kind you had on the date in question.)

12 oz. beer _____

Whiskey/hard liquor _____

Wine, wine coolers _____

Other (Explain): _____

When was your last drink? _____

When was your last meal before being stopped? _____

What did you eat? _____

Did the police conduct any of the following field sobriety tests conducted: (check ALL applicable!)

- _____ one-leg stand
- _____ gaze nystagmus (placing a pen in front of your eyes and moving it from side to side)
- _____ number count
- _____ walk line
- _____ alphabet count
- _____ finger-to-nose
- _____ finger count

Did the police conduct any of the following sobriety tests at the jail? (check ALL applicable!)

- _____ one-leg stand
- _____ gaze nystagmus
- _____ number count
- _____ walk line
- _____ alphabet count
- _____ finger-to-nose
- _____ finger count

Was there a video camera in the police car?	Yes	No
Did you blow into the portable breath machine while still out in the field?	Yes	No
If yes, do you know your results?	Yes	No
If yes, what were they?	_____	
Did you blow into the Intoxolyzer: (The machine at the jail.)	Yes	No
If yes, do you know your results?	Yes	No
If yes, what were they?	_____	
Was the Administrative License Revocation procedure explained to you?	Yes	No
Have you requested a hearing concerning the Administrative License Revocation?	Yes	No