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Dennis Hester, Associate

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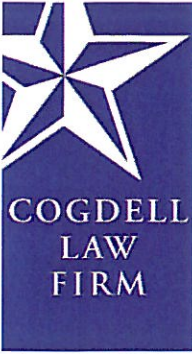
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ATTORNEY-CLIENT PRIVILEGED INFORMATION SHEET
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The following information is subject to the attorney-client privilege. We will use this information both in providing an initial evaluation of your case, and in preparing your case for trial if we represent you. In other words, if you fail to answer the questions fully, we may not be able to represent you properly. Every question here relates to a possible defense, or is general client information we would require to represent you. Answer all questions or put "NONE" if that is the answer (such as if you have no mobile number or no prior convictions) or "N/A" if the question does not apply.

TODAY'S DATE: _____

CLIENT'S NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

CELL NO./EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EMPLOYER INFORMATION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POSITION: _____ LENGTH: _____

CHARGES: 1) _____

2) _____

3) _____

DATE OF OFFENSE: _____

CASE/COURT NUMBER: _____

BONDING COMPANY: _____

AMOUNT OF BOND: _____

LIST THREE PEOPLE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS:

1) NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

2) NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

3) NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

OTHER PERTINENT INFORMATION: _____

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