

# MUNICIPAL COURT INTERVIEW SHEET

Please complete all the information below and write clearly. Please provide full answers or yes or no answers where indicated. Leave no question unanswered, remember that the more information we have the easier it will be to help you in your matter. Also please be advised that any information provided on this form is Attorney Client privileged and will not be provided to anyone except by court order or by your consent. Due to this fact all information must be provided, otherwise we cannot provide you with a consultation with an Attorney. Your consultation will include what will happen in your case, the probable results, description of the penalties, costs and what our Attorney can do for you in your particular case. However, please remember that no attorney by law can guarantee you a result. This information sheet is the property of the Law Office of H. Scott Aalsberg, Esq., P.C. and will not be returned to you the client. All information provided will remain confidential, and may be destroyed at any time by the Law Office of H. Scott Aalsberg, Esq., P.C.

Today's Date: \_\_\_\_\_/202\_\_

Name:  
(Mr.) (Ms.) \_\_\_\_\_  
                    First                    Middle                    Last

Drivers Lic #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a CDL License?    Yes    No

Date of Birth: \_\_\_\_\_

US Citizen Circle One?    Yes    No

Cell Phone #: (        ) \_\_\_\_\_

If not a US Citizen Your Status in US? \_\_\_\_\_

Home Phone #: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name, Phone number of employer and Type of work? \_\_\_\_\_

Are you a licensed Professional? \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of children/dependents: \_\_\_\_\_

Have you been to court on this matter? \_\_\_\_\_ Have you been to Municipal Court Before for any matter? \_\_\_\_\_

Have you missed the court date for this matter? \_\_\_\_\_ If yes has bail been posted, amount \$ \_\_\_\_\_

If anyone else was arrested and charged, list names and addresses: \_\_\_\_\_  
\_\_\_\_\_

List all Present offense or ticket(s) name (ex. Careless driving, Speeding etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ticket/Summons Number(s) \_\_\_\_\_ License Plate # of car driven: \_\_\_\_\_

Court Issued From: \_\_\_\_\_ Your Court Date: \_\_\_\_\_ Court Time: \_\_\_\_\_  
(name of court)

Please give a complete description of the alleged offense telling us what happened, please be truthfully as we are on your side: (include date, times, weather conditions, place of incident and names of all people present)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Go To Next Page⇒**

\_\_\_\_\_ If you need more room please use the other side of this form.

Witnesses or People who were with you at the time of the alleged offense: (include: names, addresses and phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any prior convictions for this offense or any criminal offenses? If so include description of each charge, date of conviction, and place of conviction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any motor vehicle points currently on your license? (circle one): yes or no. If yes How many? \_\_\_\_\_

Have you ever been convicted of unsafe driving 39:4-97.2 (circle one) yes or no. If yes How many times ? \_\_\_\_\_

Has your license ever been suspended or revoked yes or no: \_\_\_\_\_ Why: \_\_\_\_\_

\_\_\_\_\_ How Many times has a judge suspended your license \_\_\_\_\_

Had you consumed any drugs or alcohol within the 24 hours **prior** to the time you were stopped by the Police. If yes, please give a description below on what you consumed, when and where: \_\_\_\_\_

\_\_\_\_\_

Have you talked to any other attorneys? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Injuries or property damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used the services of our office in the past? (circle one): Yes or No

To your knowledge has this law firm ever represented a party that was against you in the past? (circle one): Yes or No

How did you hear about us? (Circle one) Billboard Friend \_\_\_\_\_ Internet: \_\_\_\_\_ TV

Please Insert name Please Put Name of Website You Found Us On

By signing below you agree to the following: The client agrees that all information contained in this form is true and correct and understands that the legal advice given will be based on the information included in this form. You agree that if you have a Criminal, DWI, Reckless Driving or any charge which could result in jail and you are not a US Citizen you may be subject to deportation or removal and you agree if you hire our office to seek the representation of a separate immigration lawyer. You agree that if you retain our office to represent you and you hold a professional or state license such as a law, medical, nursing or any other local, state or federal license for work or otherwise you agree to contact a civil lawyer to advise you of the effects a conviction may have on your professional license as we don't advise clients on these types of matters nor can we predict how a conviction will affect your work status or license. You agree not to leave any review of our office or our attorney(s) unless you retain and pay our office to represent in court for the above matter. If you do leave a review or ask others to do so, without hiring our office to represent you in court for this matter you agree to pay our office the sum of one hundred thousand dollars plus attorney fees needed to collect this amount since you have not hired our office to represent you. The client agrees that all information contained in this form is true and correct and understands that the legal advice given will be based on the information included in the form.

Sign Name

Print Name

Date

**After completing this page, please return this form to our paralegal, and an Attorney will be with you shortly.**