

Office Use: ABSTRACT BITZER BLOOD TEST MEDICAL AUTH. SYSTEM#

SITZLER and SITZLER
1487 State Highway 38 West
Hainesport, NJ 08036

CONFIDENTIAL CLIENT CONSULTATION SHEET

Interview Date: _____

FULL NAME: _____ DOB: _____

COMPLETE ADDRESS: _____

City _____ State _____ Zip _____

Tel. Numbers: Work: _____ Home: _____ Cell: _____

Email address _____

SS #: _____

Drivers License Number _____ State Issued _____

Do You have a CDL: YES or NO

Employer _____ How Long _____

Do you have a professional license that may be effected by this arrest or conviction:

YES or NO What type? _____

OFFENSE INFORMATION

Municipal/County Court: _____

Warrant/Summons Numbers: _____

Date of Offense: _____ Court Date: _____

Offense(s) _____

If a drug offense, what type of narcotics were found and in what quantity?

Is this your first offense? Yes No

If no, were you given a Conditional Discharge? Yes No

If this is not your first offense for a drug offense, please provide the following information:

Name of previous court _____

Date of offense _____ Guilty or Not Guilty

Fines _____

Were you represented by an attorney, and if so, who? _____

If you were referred by someone, please let us know who _____