

Office Use: 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? \_\_\_\_\_

**TRO INFORMATION**

Full Name of other person involved \_\_\_\_\_

County where filed \_\_\_\_\_

Docket No. \_\_\_\_\_

Court date \_\_\_\_\_

Were criminal charges filed? YES NO

If yes, which Township/County \_\_\_\_\_

Summons/Warrant Nos. \_\_\_\_\_

**PRIOR HISTORY**

Previous history of Restraining Orders YES NO

If yes, which County? When? \_\_\_\_\_

Previous police involvement? YES NO

If yes, which Township/County \_\_\_\_\_

