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DATE: _____ INTERVIEWER: _____

Mr.
Mrs.
Ms. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (H) _____ (W) _____ (Cell) _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

OFFENSE OR CHARGE: _____

PLEASE LIST ANY PRIOR TRAFFIC OFFENSES:

DO YOU HAVE ANY OTHER PENDING CASES?: Yes _____ No _____

If yes, what county and explain: _____

FEE QUOTE: _____

REFERRED BY: _____

***** PLEASE NOTIFY OUR OFFICE IMMEDIATELY AS TO ANY CHANGE IN THE ABOVE INFORMATION. FAILURE TO DO SO MAY RESULT IN A MISSED COURT DATE OR INABILITY TO REACH YOU TO DISCUSS YOUR CASE.**