



**PROVENCE
MESSERVY**
COUNSELORS & ATTORNEYS AT LAW

TIFFANY N. PROVENCE, ESQ.
JAMES H. MESSERVY, ESQ.
DAVID CAUSEY, ESQ.
AUTUMN W. HAZY, ESQ.
VIRGINIA S. SPENCER, ESQ.

Home Office & Mailing Address:
300 N. Cedar Street, Suite A
Summerville, SC 29483
Daniel Island Location:
234 Seven Farms Dr., Suite #112
Charleston, SC 29492

PHONE: (843) 871-9500 • WWW.PROVENCEMESSERVY.COM • FAX: (843) 261-7035

CRIMINAL CLIENT INFORMATION SHEET

Please fill out completely and fax or email back. This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

ALL THE PAGES AND SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO SEEING THE ATTORNEY. WRITE YOUR SPECIFIC QUESTIONS AT THE END OF THE LAST PAGE. PLEASE HELP YOURSELF TO THE FREE INFORMATION BROCHURES IN THE RECEPTION AREA.

PLEASE PRINT CLEARLY

Today's Date _____

Your Full Name: [Person Filling out Form]

First

Last

Do you use any other names or nicknames? _____

Street Address:

City _____ State _____ Zip Code _____

Telephone Numbers: Cell: _____ Day: _____

Night: _____ Other: _____

E-mail address: _____

Date of Birth: _____

Social:

Referred By: _____

If referred by a person, is this a client or attorney? If you heard about this law office by the internet, which search engine? What search terms did you use?

Date of incident: _____ Officer's Name: _____

Charges: _____

List the Address/County/City where Incident occurred: _____

Is there a current hearing or trial date scheduled? If so, when? _____

Did you serve any time in jail? Is so, how long and what were your terms of release?

Have you entered into any guilty pleas or admitted to any crime? If so, explain:

Please provide a brief explanation of the event in your words:

What are your goals? What do you want to happen?

Have you ever been charged or arrested for ANY other reasons prior to this incident? If so, please provide date, charge and outcome:

Have you ever participated in PTI? If so, when and did you complete the program?

QUESTIONS TO ASK ATTORNEY: _____

Do you currently have an attorney or have you discussed your matter with another attorney?
If so, who and what is the current relationship?

Please classify your urgency in concluding this matter? (Check One)

- Critical- Personal Safety or Serious Medical Condition.
- Very Important- Traveling in the near future, hardship, etc.
- Important- Traveling soon, future medical procedures, change in life status, birth of child.
- Needs to be done, but no immediate hardship or urgency.
- Just want to be sure my documents are up-to-date and cover my current needs and wishes.

If this matter involves payment of money, what form of payment do you plan to use? _____

PLEASE READ CAREFULLY & SIGN:

Following your initial interview, if you agree to hire the Attorney and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of the representation.

If the Attorney is willing to represent you and you decide not to sign the Agreement of Representation concluding your appointment, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

If for whatever reason, the Attorney is unable to represent you, the attorney does not represent you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the attorney during your consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another Attorney to protect your rights. The attorney's inability to represent you should not be taken by you as an expression regarding the merits of your case.

