



A Professional Association

The Law Office of Danise Ponton, P.A.
815 Ponce De Leon Blvd. • Suite 207 • Coral Gables, FL 33134 • Tel: 305.444.0082 • Fax: 888.484.0082

Please fill out and send via fax

Citation No. _____ / _____ / _____
Date of Consultation

Last Name First Name Middle Initial Sex Date of Birth

Street Address Apt No. City State Zip Code

Email Address Home Phone No. Cell Phone No. Work Phone No.

Alternate Contact Relationship Telephone No.

Social Security No. Drivers License No. State

Signature

How did you hear about us? (Check all that apply)

____ Word of Mouth _____ Friend / Family _____ Other: _____
____ Attorney Referral _____ Newspaper: _____ *please specify*
____ Direct Mail Advertisement _____ Yellow Pages

Reason for Visit

Date of Arrest Day of Week Time

Location of Arrest (please include Address / City / Jurisdiction) Police Dept. making arrest

PAYMENT INFORMATION

What Method of Payment will you be using today?

____ Cash _____ Check
____ Credit Card _____
Credit Card No. Exp. Date Security Code

I understand that this consultation is free and the information I have provided will remain confidential. If I choose to hire The Law Office of Danise Ponton, P.A., a separate agreement will be signed by the parties reflecting the scope of services, the total amount due and owed, and the method of payment. I agree that no legal advice has been tendered here today unless otherwise stated in a separate agreement. Said agreement will reflect scope of services and a predetermined method of payment. Any information provided to me today is for the sole purpose of assisting me in making a sound decision on whether I will choose to retain the services of The Law Office of Danise Ponton, Esq. at a later time.

Print Name Signature Date

PRIVILEGED AND CONFIDENTIAL



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TRAFFIC TICKET

Reason for Stop: _____

Citations Issued: _____; _____; _____; _____; _____

SUSPENSIONS

If your case involves a suspended license, please list all known convictions:

Please include date (mth/yr), county, reason for suspension

| Date | County | Reason for Suspension |
|-------|--------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If more, please provide copy of drivers license record

DUI

If your case involves DUI (Driving Under the Influence), please answer the following:

- What number of DUI is this for you? _____
- Is your license currently suspended for DUI? _____
- Have you requested an administrative hearing to get a hardship license? _____
If so, will you need me for the hearing? _____

• Reason for Stop:

_____ Roadblock Location: _____

_____ Accident Were you injured? _____ Was someone else injured? _____ Seriously Injured? _____

_____ Stopped Reason for Stop: _____

Was another citation issued? _____ If so, please provide all accompanying citation no's _____

• Roadside Exercises:

Did you **refuse** roadides? _____ If so, did the officer inform you they could be used against you? _____

Did you **perform** roadides? _____ If so, how many exercises were you asked to perform? _____

• Breath Test:

Did you take a breath test or did you refuse? _____

Where were you located when offered to take a breath test? _____

If you refused, were you told your license could be suspended? _____

Were you charged with any other crime? _____ If so, what are your other charges? _____