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THE NATIONAL TRIAL LAWYERS TOP 100

TRAFFIC INTAKE

DATE_____

CLIENT INFORMATION

NAME_____
First Middle Last (Maiden)

MAILING ADDRESS:_____

CITY:_____STATE:_____ ZIP_____

TELEPHONE#:(Home) _____(Cell) _____
(Work)_____

DATE OF BIRTH: _____ SOCIAL SECURITY #_____

EMAIL ADDRESS: _____

COUNTY WHERE TICKET RECEIVED:_____

CITATION FOR:_____

ANY TICKETS LAST THREE YEARS:_____

CDL:_____

GOAL:_____

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ATTY FEE PAID:_____

FINE ANTICIPATED:_____