



Tiffany N. Provence, Esq.  
James H. Messervy, Sr., Esq.  
David E. Causey, Esq.

Home Office & Mailing Address:  
504 W. 5th North Street  
Summerville, SC 29483

Phone: (843) 871-9500 • Website: PMCLawFirm.com • Fax: (843) 242-9455

**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.**

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.

NOTICE: This office does not represent you with regards to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until, both you and Attorney execute a written Agreement for Representation.

Your signature acknowledges only that you received a copy of this completed information sheet, believe the information to be accurate, and understand that submission of this information does not constitute and Attorney-client relationship unless you hire the Attorney and enter into the Agreement for Representation as described above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This portion to be completed by the Attorney

- Will represent.
- Will Investigate and report (Schedule a follow-up conference for \_\_\_\_\_ days)
- Representation declined – Letter of declination will be sent.
- Party will get back with us- No action to be taken and party was so informed.
- Client declined representation at this time.

NOTES:

---

---

---

---

---

---

---

---

---

---

---

---