



**BLOODWORTH LAW FIRM, P.L.L.C.**

*William Douglas Bloodworth II*

Reply to:  
303 Longmire Road, Suite 1002  
Conroe, Texas, 77304  
Telephone (936) 291-3100  
Facsimile (936) 291-3022  
www.bloodworthlawfirm.com  
Email: staff@bloodworthlawfirm.com

**New Client Consultation Sheet**

**Your Information**

Date: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place Of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
MM DD YYYY (City) (County) (State)

Residential Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Address) (City) (State) (Zip)

How long in this county?: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Safe Email Address: \_\_\_\_\_

May we send monthly invoice(s) to your email address: \_\_\_\_ Yes \_\_\_\_ No

Your current Automobile: \_\_\_\_\_  
(Year) (Make) (Model) (Color)

Place & Address of Employment: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Approximate Annual Income: \$ \_\_\_\_\_

Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Work Contact: \_\_\_\_\_

**Preferred Phone Contact:** \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work

**Preferred Mailing Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

Billing Address (if different): \_\_\_\_\_  
(Address) (City) (State) (Zip)

**The Woodlands**  
**(281) 292-0000**

**Conroe**  
**(936) 291-3100**

**Huntsville**  
**(936) 291-3100**

**Livingston**  
**(936) 327-9009**

**Criminal Charge Information:**

Offense: \_\_\_\_\_ Classification: \_\_\_\_\_ Degree: \_\_\_\_\_

Investigating Authority: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Court: \_\_\_\_\_ Prosecuting Agency: \_\_\_\_\_

Please provide a short description of the incident leading to your arrest or indictment:

---

---

---

---

---

Please provide a complete description of your criminal history (if any), include the charge, the dissolution and the fines paid/time served, if any:

---

---

---

---

---

**For Office Use Only**

Type of Matter: \_\_\_\_\_

Retainer Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date of Initial Consultation: \_\_\_\_\_ [ \_\_\_\_\_ In Office/ \_\_\_\_\_ By Phone]

Referred To: \_\_\_\_\_

Referred By: \_\_\_\_\_

Conflicts Checked: \_\_\_\_\_ Form Completed By: \_\_\_\_\_