

PAUL SCOTT

ATTORNEY AT LAW

Name: _____ DOB: _____

Phone: _____ Email: _____

Highest Level of Education: _____ Employment: _____

Length of time employed: _____ Annual Income: _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

WEBSITE FACEBOOK GOOGLE REFERRAL _____ OTHER _____

Address: _____ City: _____

State: _____ Zip: _____

Are you a Genesee County Resident? If so, how long? _____

Describe current charges: _____

Court Date: _____ Which court: _____

Police Department that arrested you: _____

Was your crime related to a drug addiction or an alcohol addiction? Yes / No

Are you under the age of 24? Yes / No

Do you have have any diagnosed mental health challenges? Yes / No

If yes, what diagnosis? _____

Are you a veteran of our military that has been diagnosed with Post Traumatic Stress Disorder?

Yes / No

Goals you have for Attorney Scott to accomplish for you? _____

