

This section of the form is to be filled in the case submission of a candidate client of the Law Offices of Scott S. Gardner. Please complete and submit this form at least 10 business days before your submission appointment. We will use the information provided on this form and bring forth this information to determine whether we can assist you with your registration matter and to prepare a registration fee based on the nature and complexity of your case and the scope of our representation. Regardless of whether you decide to engage us for representation, all information provided on this form will be used to maintain a professional and ethical record maintained by the office.

PART 1: PERSONAL INFORMATION

First Name	Last Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (Month/Day)
Home Telephone Number	Mobile Telephone Number	Work Address	Best Email Address (Contact)	
Date of Birth	Sex (Male/Female)	SSN Number	Current County of Birth	US State (County Number if any)

Have you had any previous arrests in the past?

Event Name and Number	City	Province or State	County	Date arrested	Conviction

Are there any other arrests in the past 10 years that you are past?

Event Name and Number	City	Province or State	County	Date arrested	Conviction

PART 2: FAMILY

Current Family Name	Current First Name	Current Middle Name	City and County of Birth	Date of Birth	Current Residence	
Marital Family Name	Marital First Name	Marital Middle Name	City and County of Birth	Date of Birth	Current Residence	
Spouse?	Spouse's Family Name	Spouse's First Name	Spouse's Middle Name	City and County of Birth	Date of Marriage	Place of Marriage
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Do you have children? Yes No. If yes, please complete the following information for each your marriage.

Spouse's Family Name	Spouse's First Name	Spouse's Middle Name	City and County of Birth	Date of Marriage	Place of Marriage