

# DAVID LEE WELLS LAW OFFICE

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## MUNICIPAL COURT INTAKE SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. **DO NOT LEAVE BLANKS. This information will help us help you. ELECTRONIC TRANSMISSION & STORAGE:** The Supreme Court of Missouri and Federal Courts have adopted electronic filing for all documents and communication presented to the court. I consent for David Lee Wells Law Office to use the means of electronic transmission and storage including by not limited to: the internet, cloud based networks, mobile networks, mobile devices, email and electronic storage for handling of my matter. I understand that the internet and electronic messaging may be read by others who have access to computers or networks or could be intercepted by others during transmission or storage.

DATE: \_\_\_\_\_ NEW CLIENT:  PRESENT CLIENT:  UNDER 21?  Yes  No

HOW DID YOU FIND OUR OFFICE?  WALK IN  INTERNET  REFERRED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ WHERE WERE YOU BORN? \_\_\_\_\_ U.S. Citizen?  Yes  No

SPOUSE: \_\_\_\_\_ WHERE WERE THEY BORN? \_\_\_\_\_ U.S. Citizen?  Yes  No

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**By providing electronic contact information I consent to the use of electronic communication and storage, I acknowledge the risk of interception and loss of confidentiality.**

CELL PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_ FAX LINE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

**NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.**

BEEN ARRESTED BEFORE?  Yes  No FOR WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_

ARE YOU ON PROBATION?  Yes  No FOR WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_

**DO YOU HAVE A CDL/COMMERCIAL LICENSE?** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_ **# ACTIVE POINTS** \_\_\_\_\_

**VALID LICENSE?** (check the box that applies) **YES**  **SUSPENDED**  **REVOKED**

DATE OF OFFENSE: \_\_\_\_\_ WHERE WERE YOU STOPPED? \_\_\_\_\_

TICKET 1 #: \_\_\_\_\_ TICKET 2 #: \_\_\_\_\_ TICKET 3 #: \_\_\_\_\_

WARRANT? YES  NO  BOND: YES  NO  AMOUNT: \_\_\_\_\_ CASH BOND: YES  NO

RECEIPT IN FILE: YES  NO  PROFESSIONAL BONDSMAN? \_\_\_\_\_ PHONE # \_\_\_\_\_

**COURT DATE & TIME** \_\_\_\_\_ **COURT TO BE HEARD IN** \_\_\_\_\_

[DATE OF PRIOR TICKET: \_\_\_\_\_ WHAT HAPPENED: \_\_\_\_\_]

**TYPE OF OFFENSE**

SPEEDING \_\_\_\_\_ OVER  STOP SIGN  DWI  STOPLIGHT  CROSSING LINE  WRONG WAY  
 LICENSE REVOKED  LICENSE SUSPENDED  ASSAULT  SHOPLIFTING  OTHER \_\_\_\_\_

**DWI**

D.W.I.: NO  YES  PREVIOUS D.W.I.? NO  YES  WHEN \_\_\_\_\_ WHERE? \_\_\_\_\_  
BREATHALYZER TEST? NO  REFUSED  YES  SCORE \_\_\_\_\_  
HAS REQUEST FOR ADMIN. HEARING BEEN MAILED TO DIRECTOR OF REVENUE  Yes  No  
(IF SCORE OVER .8, LAST DAY TO APPEAL SUSPENSION) \_\_\_\_\_ [15 DAYS FROM DATE OF LETTER OF SUSPENSION]  
APPEAL REFUSE TO BLOW \_\_\_\_\_ [(30) DAYS FROM THE DATE OF REVOCATION NOTICE]

**C & I OR ACCIDENT AND NO INSURANCE**

CARELESS & IMPRUDENT: NO  YES  ACCIDENT: NO  YES  (IF YES, OTHER DRIVER'S NAME): \_\_\_\_\_  
INJURIES? NO  YES  DETAILS: \_\_\_\_\_  
**DO YOU HAVE INSURANCE? YES  NO  COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_**  
**AGENT \_\_\_\_\_ PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_**  
HAS YOUR INSURANCE COMPANY PAID FOR DAMAGE \_\_\_\_\_

**FILE DESTRUCTION POLICY:** The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) month after the file is closed.

**I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**LAW OFFICE WORKSHEET - DO NOT FILL OUT**

PRINT OUT DRIVING RECORD \_\_\_\_\_ # OF POINTS \_\_\_\_\_  
REQUEST COURT DATE: Mo. Fine Center \_\_\_\_\_ KC Municipal Court \_\_\_\_\_

**GENERAL TO DO**

ENTRY OF APPEARANCE: YES  NO   
(KC Municipal Court Electronic)  
(Gladstone – EOA and Request for Attorney Plea Docket Setting)  
COURT DATE LETTER TO CLIENT: YES  NO   
POLICE-ACCIDENT REPORT: YES  NO   
LETTER FROM INSUR. CO: YES  NO   
**ATTEND ALIVE AT 25:** YES  NO   
DATE MAILED TO CLIENT: \_\_\_\_\_

**DWI TO DO**

ALCOHOL INFLUENCE: YES  NO   
ADMIN. HEARING: YES  NO   
ADMIN. APPEAL DATE: \_\_\_\_\_ CERTIFIED MAIL \_\_\_\_\_  
REFUSE TO BLOW YES  NO   
PETITION FOR REVIEW \_\_\_\_\_

CDL DISQUALIFICATION RULES \_\_\_\_\_

DATE TO FILE \_\_\_\_\_ COUNTY \_\_\_\_\_  
\*USE DATE OF ARREST IF THERE IS NO REVOCATION NOTICE RECEIVED BY CLIENT

**NON-EMPLOYMENT:**

David Lee Wells will do nothing in this matter. He is not going to court. He has told me to see another attorney.

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