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INITIAL CLIENT INFORMATION

Date: _____

Name: _____

Your Birthdate: _____ Driver's License No.: _____

Street Address: _____

City/State/Zip: _____

Phone Numbers:

Cell w/Area Code: _____ Home w/Area Code: _____

Work w/Area Code: _____ Other w/Area Code: _____

Email Address: _____

Place of Employment: _____

Occupation: _____

Charges: _____

County of Charges: _____ Court Date: _____

Arrest Date: _____ How Long were You in Jail: _____

How did you hear about this law firm?

Internet: Phonebook:

Referred by Attorney (Name): _____

Referred by Friend (Name): _____

Other: _____