

**CANNON LAW FIRM**  
ATTORNEY & COUNSELOR AT LAW

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**CHAD W. CANNON**

**WEATHERFORD OFFICE**

220 FORT WORTH HWY #600  
WEATHERFORD, TX 76086  
PH: (817) 598-0482  
FX: (817) 598-0485

LAWFIRMCANNON.COM

**MINERAL WELLS OFFICE**

102 NE 2<sup>ND</sup> STREET  
MINERAL WELLS, TX 76067  
PH: (940) 327-8600  
FX: (817) 598-0485

**Client Information**

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

**NOTICE OF CONFIDENTIALITY**

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phn: \_\_\_\_\_ Cell Phn: \_\_\_\_\_

Social Security# \_\_\_\_\_ Driver's License# \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emp. Add: \_\_\_\_\_ Emp. Phn: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse Phn: \_\_\_\_\_

Nature of Visit \_\_\_\_\_

County \_\_\_\_\_ Court Location \_\_\_\_\_

Charge \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Bondsman: \_\_\_\_\_ Phone# \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

1. Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_