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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.

Client Information for ODL

Name _____ DOB _____

Address _____ City _____ ST _____ ZIP _____

Home Ph: _____ Cell Ph: _____

Social Security# _____ Driver's License# _____

D.L. Audit# _____

Employer: _____ Occupation: _____

Emp. Add: _____ Emp. Ph: _____

Spouse: _____ Spouse Ph: _____

DRIVING AREA/TIMES

What 12-hour period do you need to drive each day: _____

What counties are you needing to drive in: _____

EMERGENCY CONTACT INFO:

1. Name: _____ Contact#: _____

Address _____ City _____ ST _____ ZIP _____

Relationship: _____

2. Name: _____ Contact#: _____

Address _____ City _____ ST _____ ZIP _____

Relationship: _____