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RETAINER DATA

DMV APPEAL TO DISTRICT COURT COURT OF APPEALS

PLEASE PRINT LEGIBLY AND IN BLACK INK
PLEASE FAX OR MAIL COPIES OF ALL RELEVANT DOCUMENTS WITH THIS DATA SHEET
FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III

CLIENT

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

APPEAL TO DISTRICT COURT
DMV CASE TO BE APPEALED

Revocation Notice No. _____
DMV Case No. _____
Hearing Date: _____
DOR Hearing Officer: _____
Law enforcement Officer _____
Law Enforcement Agency _____
Issues Raised by Driver at DMV Hearing

APPEAL TO COURT OF APPEALS
DISTRICT COURT CASE TO BE APPEALED

provide a copy of the final order & documents you possess
Litigation County _____
District Court Case No. _____
Date of Final Order: _____
Issues Raised on Appeal to District Court:

OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION

Charge Card: MasterCard VISA Account No. _____
 American Express Discover Expiration Date: _____ PIN: _____
 Hourly Fees Flat Fee: \$ _____ Costs Estimate: \$ _____ Initial Payment: \$ _____

DATE: _____, 20____

PROSPECTIVE CLIENT'S SIGNATURE

PROSPECTIVE CLIENT LAST NAME

CO-MAKER No. 1

Relation to Client Father Mother Sibling
 Grandparent Friend

Other _____

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____

CO-MAKER No. 2

Relation to Client Father Mother Sibling
 Grandparent Friend

Other _____

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____