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**RETAINER DATA**  
**DUI, CRIMINAL, TRAFFIC & MUNICIPAL COURT**

**PLEASE PRINT LEGIBLY AND IN BLACK INK**

PLEASE PHOTOCOPY ALL TICKETS OR CHARGING DOCUMENTS AND DMV DOCUMENTS TO OBTAIN THE CLEAREST COPY  
THEN FAX OR MAIL WITH THIS DATA SHEET

**FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III**

Court Case No.: \_\_\_\_\_  Unknown Division: \_\_\_\_\_ County: \_\_\_\_\_

**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 \_\_\_\_\_

**ALLEGED VICTIM**

not applicable

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

**OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION**

Charge Card:  MasterCard  VISA Account No. \_\_\_\_\_  
 American Express  Discover Expiration Date: \_\_\_\_\_ PIN: \_\_\_\_\_  
Settlement Flat Fee: \$ \_\_\_\_\_ Costs Estimate: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_ Trial Flat Fee: \$ \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PROSPECTIVE CLIENT'S SIGNATURE

**PROSPECTIVE CLIENT LAST NAME**

\_\_\_\_\_

**CASE INFORMATION**

Date of Offense \_\_\_\_\_

Location Offense \_\_\_\_\_

County  El Paso  Teller  Other \_\_\_\_\_

Date of Stop / Arrest \_\_\_\_\_

Location Stop / Arrest \_\_\_\_\_

County  El Paso  Teller  Other \_\_\_\_\_

Summons Number 1 \_\_\_\_\_

Charges \_\_\_\_\_  
\_\_\_\_\_

Summons Number 2 \_\_\_\_\_

Charges \_\_\_\_\_  
\_\_\_\_\_

Summons Number 3 \_\_\_\_\_

Charges \_\_\_\_\_  
\_\_\_\_\_

Summons Number 4 \_\_\_\_\_

Charges \_\_\_\_\_  
\_\_\_\_\_

Accident Report No. \_\_\_\_\_

Offense Report No. \_\_\_\_\_

**Law Enforcement Agency**

- Colorado Springs PD  El Paso SO  Teller SO
- Colorado State Patrol  Manitou Springs PD
- Fountain PD  Palmer Lake Marshall  Monument PD
- Cripple Creek PD  Woodland Park PD  Other: \_\_\_\_\_

Chemical Testing  Alcohol  Drugs

Roadside Breath  Breath Intoxilyzer  Blood  Urine

State BAC: 0.\_\_\_\_\_ g alcohol / 100 ml blood or 210 L breath

Roadside Testing  Yes  No Voluntary  Yes  No

**CASE INFORMATION**

Number Prior Arrests Similar Charges \_\_\_\_\_

Date(s) of Arrest(s), Charges & Location(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number Prior Convictions Similar Charges \_\_\_\_\_

Date(s) of Conviction(s), Charges & Location(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pending Criminal, DUI or Traffic Court Case**

Court Division \_\_\_\_\_

Courtroom No. \_\_\_\_\_

Floor \_\_\_\_\_

County  El Paso  Teller  \_\_\_\_\_

First Appearance Date \_\_\_\_\_

First Appearance Time \_\_\_\_\_

Next Court Date \_\_\_\_\_

Next Court Time \_\_\_\_\_

Proceeding  First Appearance / Advisement

Pre-Trial Conference  Motion Hearing  Trial Readiness

Court Trial  Jury Trial

**DMV License Proceedings**

Revocation Notice No. \_\_\_\_\_

DMV Case No. \_\_\_\_\_

Hearing Requested  Yes  No  No Notice  Late

Officer Requested at Hearing  Yes  No

**PROSPECTIVE CLIENT LAST NAME**

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**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 \_\_\_\_\_