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&

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CLIENT INFORMATION

DATE: _____

CLIENT'S FULL NAME: _____ DOB: _____

(Aliases and other names used, maiden names, etc.): _____

DRIVERS LICENSE NO: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MOBILE: _____

EMAIL ADDRESS _____

EMPLOYMENT: _____ TELEPHONE: _____
(optional)

REFERRED BY: _____

CASE INFORMATION AND HISTORY

BOOKING/CITATION NUMBER: _____ ARREST/CITATION DATE: _____

CHARGES: _____

COURT DATE: _____ TIME: _____ LOCATION: _____

PLEASE LIST ANY AND ALL PRIORS: (include charges, county, date and sentence):

IS PROSPECTIVE CLIENT CURRENTLY ON PROBATION? Yes ___ No ___ PAROLE? Yes ___ No ___

AUTHORIZATION TO USE CREDIT CARD

I, _____, hereby authorize Attorney Matthew J. Ruff to charge my
Visa/Mastercard/Discover, card # _____

Name on Card: _____, expiration date _____, for legal fees
pertaining to the case of _____ In the amount of \$ _____

Security or V-Code on Card: _____

I understand this authorization is irrevocable.

Cardholder Billing Address, including Zip Code:

Date: _____ CARDHOLDER SIGNATURE: _____

We MUST receive a copy of the front of the credit card, which shows the name on the credit card, number, and expiration date, as well as a copy of photo identification. This can be a valid driver's license or any other form of photo identification.

If you have any questions, contact our office immediately. Thank you for your cooperation in this regard which will permit us to provide the highest quality services to our client.

MATTHEW J. RUFF ESQ.
