

D.U.I. CLIENT INTERVIEW FORM

In order to effectively represent you in the Driving Under the Influence (DUI) charge which has been filed against you, it is necessary for you to supply all of the information which you can surrounding that charge. Please answer each section of this questionnaire as completely as you can, even if you do not see how the information relates to your case. Thank you.

Demographic Information:

01. Full Name _____ Nickname: _____

02. Address(Street, City, State, ZIP) _____

03. Telephone number (home) _____ (Work) _____

04. Date of Birth _____ Age _____ Race _____

05. Place of Birth _____

06. Height _____ Weight _____

07. Educational level _____

08. Military Service NO YES Branch _____ Rank _____

09. Employment: Name _____

Duties _____

How long _____

10. Marital Status: Single Divorced Seperated Married POSSLQ

Spouse _____

Number of dependants _____ Ages _____

11. Place of arrest _____ Date/Time _____

12. Arresting Officer(s) _____ Agency _____

13. Field Sobriety testing officer _____ Agency _____

14. Breath testing officer _____ Agency _____

15. In as much detail as you can, please relate everything said by the police officer(s) to you and anything you said to the police officer(s): _____

16. Were you given any "warnings" by the police officer(s)? No Yes

17. How long after you were stopped was it before you were arrested? _____

18. Do you recall anyone else other than the police being present? No Yes

Who were they? _____

19. Were you given any "tests" at the scene? No Yes

"Finger to nose" How did you do? _____

"Heel to toe" walking How did you do? _____

"One-leg stand" How did you do? _____

"Recite the alphabet" How did you do? _____

"Counting fingers" How did you do? _____

"Flying eagle" How did you do? _____

Any other: describe _____

How did you do? _____

20. Were you asked to stare at a pencil/pen and follow it with your eyes from side to side and/or up and down? No Yes Describe what directions the officer gave to you before you took the "test": _____

21. Were you involved in an accident? If so, describe the details _____

22. Did the police search you or your vehicle before you were arrested? No Yes What did they find/take? _____

23. Were you "commanded" to take a test of: Breath

Blood

Urine

Saliva

Were you told that you could have a your own test after you took theirs? No Yes

Do you know the results of any test? _____

24. What time did you begin drinking _____ Where _____

25. What were you drinking _____ How many _____ What size _____

26. Who was with you (name and address) 1. _____

2. _____

3. _____

27. Describe what you were wearing when arrested: _____

28. Did the alcohol affect your ability to drive and how? _____

29. Did you have any alcohol after you were stopped by the police? No Yes

30. Were you photographed or videotaped at the scene? No Yes

31. Did you eat anything after the time you were stopped and before the test, if so what _____

32. Did you smoke anything after you were stopped and before the test? No Yes

What and when _____

33. Were you under the care of a doctor and/or taking and medication at the time of the arrest? No Yes Explain _____

34. Were you taking any "over the counter" medications at the time of the arrest? No Yes Explain _____

35. Do you have any physical problems? No Yes Explain _____

36. Do you have difficulty speaking clearly? No Yes Explain _____

37. Do you have a full or partial dental plate? No Yes

38. Are you diabetic, have heart disease or difficulty breathing? No Yes

39. Do you recall having an upset stomach when you were arrested? No Yes

40. Do you recall belching or burping? No Yes

41. Do you wear glasses or contact lenses? No Yes

Were you wearing them: While driving? No Yes

When field tested? No Yes

"Gaze" tested? No Yes

When arrested? No Yes

When "booked"? No Yes

42. Describe your vehicle: Make _____ Model _____ Year _____

Color _____ Tag Number _____

Equipment _____

Defects _____

43. Describe the street where you were arrested? (lanes, pavement, etc.) _____

44. Describe the traffic conditions when you were arrested: _____

45. Describe the weather and lighting conditions: _____

46. Were you told that you could refuse a chemical test? No Yes

47. Did you ask to make a telephone call before you took the test? No Yes

48. Did you request an additional test after you took the one at the station? No Yes

Were you given the opportunity to have another test? No Yes

49. Do you have any prior DUI convictions? No Yes

When/Where _____ Were you represented by an attorney? No Yes

50. Are you now on probation or suspended sentence from a previous DUI or any other conviction? No Yes Explain _____

Name and telephone number of your probation officer: _____

51. Do you feel that you have a problem with alcohol or drugs? No Yes

52. Any additional information that you feel is important to this case: _____

Thank You!