

## 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 any 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!