

Today's Date: \_\_\_/\_\_\_/\_\_\_

The Wilson Law Firm
9300 Grant Avenue, Suite 301
Manassas, Virginia 20110
Phone: 703-361-6100 Fax: 703-365-7988
www.thewilsonlawfirm.org

CLIENT PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_
Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ Height: \_\_\_'\_\_\_" Weight: \_\_\_\_\_lbs.
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_
E-mail: \_\_\_\_\_
Home #: \_\_\_-\_\_\_-\_\_\_ Cell #: \_\_\_-\_\_\_-\_\_\_ Work #: \_\_\_-\_\_\_-\_\_\_
Spouse/Significant Other's Name: \_\_\_\_\_ Phone #: \_\_\_-\_\_\_-\_\_\_
We Should Send Mail to Your: \_\_\_Home \_\_\_Work We Should E-mail Your: \_\_\_Home \_\_\_Work
We Should Call Your: \_\_\_Cell \_\_\_Home \_\_\_Work
Are You a U.S. Citizen?: \_\_\_Yes \_\_\_No (If "No") Your Current Status is: \_\_\_\_\_

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CASE INFORMATION

City / County Where Case is Pending: \_\_\_\_\_ Offense Date: \_\_\_/\_\_\_/\_\_\_
Arraignment: \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ a.m. / p.m.
Court Date(s): \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ a.m. / p.m.
\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ a.m. / p.m.
\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ a.m. / p.m.
Current Charge(s):
\_\_\_ DUI / DWI
\_\_\_ 1st \_\_\_ 2nd/5yrs \_\_\_ 2nd/10yrs \_\_\_ 3rd/5yrs \_\_\_ 3rd/10yrs \_\_\_ 4th+/10yrs
\_\_\_ Blood Test \_\_\_ Breath Test: Result: \_\_\_\_\_
\_\_\_ Refusal to Submit to Blood/Breath Test
\_\_\_ Reckless Driving: \_\_\_ mph in a \_\_\_ mph zone
\_\_\_ Speeding: \_\_\_ mph in a \_\_\_ mph zone
\_\_\_ Driving Suspended / Revoked
\_\_\_ Leaving Accident Scene - Hit & Run (misdemeanor or felony)
\_\_\_ Driving After Habitual Offender (misdemeanor or felony)
\_\_\_ Other (Specify) \_\_\_\_\_

NAME OF ARRESTING OFFICER: \_\_\_\_\_ AGENCY: \_\_\_\_\_

BREATH TEST OFFICER (if applicable): \_\_\_\_\_

# How Did You Hear About THE WILSON LAW FIRM?

## PERSONAL REFERRALS:

- The Wilson Law Firm has represented me before
- I was referred by (Circle):     Attorney / Other  
Name: \_\_\_\_\_

- I received a letter in the mail

## YELLOW BOOK:

- Manassas / Warrenton
- Woodbridge / Stafford

## RED BOOK (COMMUNITY PHONE BOOK):

- Manassas / Manassas Park
- Woodbridge / Dale City

## OTHER (Please Specify):

If “**ONLINE**” or “**GOOGLE**”, please select the applicable website picture:



- TKevinWilsonLawyer.com AND/OR  
TheWilsonLawFirm.org



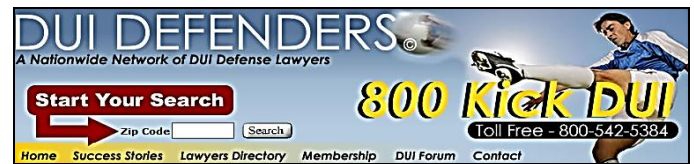
- VirginiaDUIDefense.com



- Virginia-DUI-Lawyer.com



- AVVO.com



- DUI.com



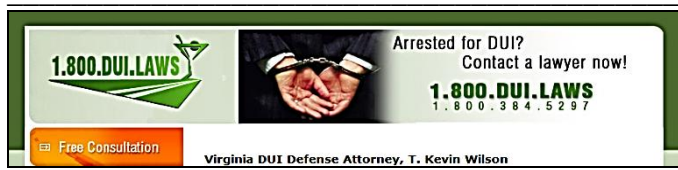
- DUI-Help.com



- TotalDUI.com



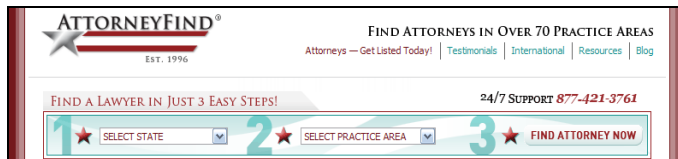
- SpeedingTicketCentral.com



- 1800DUILaws.com



- 1800DialDUI.com AND/OR  
Americas-Top-DUI-Lawyer.com



- AttorneyFind.com



- AttorneyPages.com



- Lawyers.com



- VirginiaDrunkDrivingLawyer.com

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**DUI/DWI QUESTIONNAIRE**

**FAMILY INFORMATION:**

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow

Do you have **children**? Yes / No What are their ages? \_\_\_\_\_

Are they in your custody/care? \_\_\_\_\_

Do you drive them to **day care**? Yes / No

If yes, where and when? \_\_\_\_\_

Do you drive them to the **doctor**? Yes / No

If yes, where and when? \_\_\_\_\_

Do you drive them to **school**? Yes / No

If yes, where and when? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

High school: Diploma / GED If no, indicate highest grade completed \_\_\_\_\_

College: \_\_\_\_\_ # years completed Degree: Type \_\_\_\_\_ In what? \_\_\_\_\_

If currently enrolled, please provide the following information:

School Name \_\_\_\_\_

Location \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Graduate School: \_\_\_\_\_ # years completed Degree: Type \_\_\_\_\_ In what? \_\_\_\_\_

If currently enrolled, please provide the following information:

School Name \_\_\_\_\_

Location \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Trade School: \_\_\_\_\_

Other: \_\_\_\_\_

Is English your native language? Yes / No If not, what is your native language? \_\_\_\_\_

Last Name: \_\_\_\_\_

**EMPLOYMENT:**

Employer \_\_\_\_\_ Position / Title \_\_\_\_\_

Address \_\_\_\_\_ How long with company? \_\_\_\_\_

What do you do at this company? \_\_\_\_\_

Address to which report if different than above. \_\_\_\_\_

What days of the week do you work? S / M / T / W / H / F / S

When do you leave home? \_\_\_\_\_ When do you arrive at work? \_\_\_\_\_

When do you leave work? \_\_\_\_\_ When do you arrive at home? \_\_\_\_\_

Does your job require you to **drive during work** hours? Yes / No

If yes, to where and why? \_\_\_\_\_

Do you have a security clearance? \_\_\_\_ Yes \_\_\_\_ No If yes, what level? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position / Title \_\_\_\_\_

Address \_\_\_\_\_ How long with company? \_\_\_\_\_

**MILITARY HISTORY**

Military service? Yes / No Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

Highest Rank \_\_\_\_\_ Discharge Type \_\_\_\_\_

**CRIMINAL & TRAFFIC HISTORY:**

What state issued your Drivers License? \_\_\_\_\_

When and where was your **LAST TRAFFIC TICKET/CITATION?** \_\_\_\_\_

**PLEASE LIST YOUR COMPLETE CRIMINAL / TRAFFIC HISTORY**

<u>Offense</u>	<u>Year</u>	<u>Jurisdiction</u>	<u>Disposition/Sentence</u>

Last Name: \_\_\_\_\_

**HEALTH / MEDICAL INFORMATION**

Had you been **ill** the night of the alleged offense? Yes / No

If yes, were you **taking any medication for it**? Yes / No If yes, what medication? \_\_\_\_\_

What is the medication used for? \_\_\_\_\_ Last dose amount and time? \_\_\_\_\_

Were you **under a doctor's care** at the time of your arrest? Yes / No

Doctor name: \_\_\_\_\_ Reason? \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Were you taking **MEDICATION/DRUGS** at the time such as prescribed medication, antihistamines, tranquilizers, weight control pills, aspirin, etc.? Yes / No If yes, what? \_\_\_\_\_

What is the medication used for? \_\_\_\_\_ Last dose amount and time? \_\_\_\_\_

Do you have a **SPEECH IMPAIRMENT** caused by a medical problem? Yes / No

If so, describe: \_\_\_\_\_

Do you have any **PHYSICAL INJURIES** to your back, hips, knees, ankles, inner ear, etc. which would cause you to limp or have imperfect balance, or did you have any injuries at the time of the arrest that would cause you to look or act intoxicated? Yes / No If yes, describe: \_\_\_\_\_

Do you have or have you had any of the following? Please check all that apply.

\_\_\_\_\_ False teeth \_\_\_\_\_ Gingivitis \_\_\_\_\_ Plates/Bridges \_\_\_\_\_ Gastric Bypass  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Heart disease \_\_\_\_\_ Liver disease \_\_\_\_\_ GERD / Acid Reflux / Heartburn  
\_\_\_\_\_ Asthma Do you use an inhaler? Yes / No If yes, what kind? \_\_\_\_\_

If yes, do you take medication for this condition? Yes / No If yes, what? \_\_\_\_\_

Have you ever been **diagnosed** with GERD? Yes / No Acid Reflux? Yes / No

If yes, when? \_\_\_\_\_ by whom? \_\_\_\_\_

\_\_\_\_\_ Allergies To what? \_\_\_\_\_ Had you taken medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Eye muscle fatigue diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ Dry eyes diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ Conjunctivitis diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ Glaucoma diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ Lazy eye diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ Crossed eyed Diagnosis When? \_\_\_\_\_ By whom? \_\_\_\_\_

Are you under the care of an Ophthalmologist? \_\_\_\_\_ Yes \_\_\_\_\_ No

Last Name: \_\_\_\_\_

**WHAT ELSE** can you tell me about yourself, including your family, job etc.? Be specific.

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**FACTS - ALCOHOL CONSUMPTION**

**WHERE** did you **START DRINKING?** (address if possible) \_\_\_\_\_

What time did you **ARRIVE?** \_\_\_\_\_ What time did you **LEAVE?** \_\_\_\_\_

What time did you **START DRINKING?** \_\_\_\_\_ What time did you **STOP DRINKING?** \_\_\_\_\_

*First Drink*

**TYPE** of drink, include **BRAND** if known (Coors, White Zin, Rum/coke): \_\_\_\_\_

**FORM** (draft, bottle, wine glass, shot glass) \_\_\_\_\_ **SIZE** of drinks (oz.): \_\_\_\_\_

**QUANTITY** (how many): \_\_\_\_\_ **ALCOHOL %:** \_\_\_\_\_

*Additional Drink*

**TYPE** of drink, include **BRAND** if known (Coors, White Zin, Rum/coke): \_\_\_\_\_

**FORM** (draft, bottle, wine glass, shot glass) \_\_\_\_\_ **SIZE** of drinks (oz.): \_\_\_\_\_

**QUANTITY** (how many): \_\_\_\_\_ **ALCOHOL %:** \_\_\_\_\_

**WITNESSES** to corroborate drinking at this location: \_\_\_\_\_

List all **FOOD** eaten while there \_\_\_\_\_

**Next Location** (address if possible) \_\_\_\_\_

What time did you **ARRIVE?** \_\_\_\_\_ What time did you **LEAVE?** \_\_\_\_\_

What time did you **START DRINKING?** \_\_\_\_\_ What time did you **STOP DRINKING?** \_\_\_\_\_

*First Drink*

**TYPE** of drink, include **BRAND** if known (Coors, White Zin, Rum/coke): \_\_\_\_\_

**FORM** (draft, bottle, wine glass, shot glass) \_\_\_\_\_ **SIZE** of drinks (oz.): \_\_\_\_\_

**QUANTITY** (how many): \_\_\_\_\_ **ALCOHOL %:** \_\_\_\_\_

*Additional Drink*

**TYPE** of drink, include **BRAND** if known (Coors, White Zin, Rum/coke): \_\_\_\_\_

**FORM** (draft, bottle, wine glass, shot glass) \_\_\_\_\_ **SIZE** of drinks (oz.): \_\_\_\_\_

**QUANTITY** (how many): \_\_\_\_\_ **ALCOHOL %:** \_\_\_\_\_

**WITNESSES** to corroborate drinking at this location: \_\_\_\_\_

List all **FOOD** eaten while there \_\_\_\_\_

Last Name: \_\_\_\_\_

**IF ADDITIONAL LOCATIONS APPLY, PLEASE INDICATE AND USE THE BACK OF THIS PAGE.**

How much alcohol did you consume in the **30 minutes** before leaving? \_\_\_\_\_

How much alcohol did you consume in the **20 minutes** before leaving? \_\_\_\_\_

How much alcohol did you consume in the **10 minutes** before leaving? \_\_\_\_\_

What did you have to eat during the 12 hour period prior to your arrest?

Breakfast: Time: \_\_\_\_\_; What did you eat? \_\_\_\_\_

Lunch: Time: \_\_\_\_\_; What did you eat? \_\_\_\_\_

Dinner: Time: \_\_\_\_\_; What did you eat? \_\_\_\_\_

Other: Time: \_\_\_\_\_; What did you eat? \_\_\_\_\_

Provide name and contact information for all **PASSENGERS** in the vehicle.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT (FILL THIS SECTION OUT ONLY IF THE CASE INVOLVED AN ACCIDENT)**

How **FAR (DISTANCE)** had you driven before the accident? \_\_\_\_\_

How **LONG (TIME)** had you driven before the accident? \_\_\_\_\_

**WHAT ROAD** were you on when the accident occurred? \_\_\_\_\_

Please describe as best you can **WHERE** exactly the accident occurred on that road.

\_\_\_\_\_

**HOW / WHY did the ACCIDENT occur / WHAT HAPPENED?**

\_\_\_\_\_  
\_\_\_\_\_

Did the accident involve **OTHER CARS**? Yes / No

Did your **AIRBAG(s)** deploy? Yes / No

Do you know if there were any **WITNESSES TO THE ACCIDENT**? Yes / No

Name(s) of witnesses: \_\_\_\_\_

Do you **REMEMBER SPEAKING WITH** a **LAW ENFORCEMENT** officer? \_\_\_\_ Yes \_\_\_\_ No

Did you **TALK TO ANYONE** at the scene other than the officer? Yes / No

If so, what did you say to them and what did they say to you? \_\_\_\_\_

Last Name: \_\_\_\_\_

If an ambulance came, did the **AMBULANCE OR POLICE** arrive first? Ambulance / Police

**HOW LONG** did it take for police to arrive? \_\_\_\_\_

Did you **ADMIT YOU WERE DRIVING**? Yes / No To Whom: \_\_\_\_\_

**WHAT** did you **TELL** the **OFFICER** about **HOW/WHY** the **ACCIDENT** occurred?

Did the **OFFICER ASK** you the **TIME OF ACCIDENT** or **HOW LONG AGO** it occurred? Yes / No

If yes, what answer did you give? \_\_\_\_\_

Did the **OFFICER ASK** you **WHEN** you had your **LAST DRINK**? Yes / No

If yes, what answer did you give? \_\_\_\_\_

**OFFICER ASK** if you have had **CONSUMED ANY ALCOHOL AFTER THE ACCIDENT**? Yes / No

If yes, what answer did you give? \_\_\_\_\_

Did you in fact **CONSUME** any **ALCOHOL AFTER** the accident? Yes / No

If yes, what and how much? \_\_\_\_\_

If yes, provide a name and contact information for everyone who saw you do so.

Did you have **INSURANCE** to cover the accident? Yes / No Was the accident **REPORTED**? Yes / No

If so, what is the name of your insurance company? \_\_\_\_\_

Phone Number? \_\_\_\_\_ Policy number: \_\_\_\_\_

Is the insurance company **COVERING DAMAGES**? Yes /No

**NO ACCIDENT** (Fill this section out only if your case **DID NOT INVOLVE AN ACCIDENT**)

How **FAR (DISTANCE)** had you driven before being stopped by the police? \_\_\_\_\_

How **LONG (TIME)** had you driven before being stopped by the police? \_\_\_\_\_

Did the Officer say **WHY** you were stopped? Yes / No

If yes, why? \_\_\_\_\_

If no, what do you think the **REASON** for the stop was? \_\_\_\_\_

Location of alleged offense: \_\_\_\_\_

Please describe the **SEQUENCE** of events leading up to your contact with the officer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe where on the road you stopped:

\_\_\_\_\_



Last Name: \_\_\_\_\_

**REMAINDER TO BE FILLED OUT BY ALL PROSPECTIVE CLIENTS**

Arresting Officer's Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Name of Breath test operator: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Were you asked for your **LICENSE**? Yes / No Did you provide it without difficulty? Yes / No

Were you asked for your **REGISTRATION**? Yes / No Did you provide it without difficulty? Yes / No

Did you place the **VEHICLE IN PARK** before exiting? Yes / No

Did you **TURN OFF ENGINE** before exiting? Yes / No

Did you **STUMBLE OR LEAN** on the vehicle for balance when **EXITING**? Yes / No

Did you **STUMBLE OR LEAN** on a vehicle or other object for balance **AT ANY TIME**? Yes / No

Did you **ADMIT / ACKNOWLEDGE DRINKING** alcoholic beverages? Yes / No

If yes, **WHAT DID YOU SAY TO THE POLICE** about the following.....

NUMBER of drinks you had? \_\_\_\_\_

TYPE of drinks you had? \_\_\_\_\_

Over what TIME FRAME? \_\_\_\_\_

WHERE you were drinking? \_\_\_\_\_

When/where you had your LAST DRINK? \_\_\_\_\_

Whether you felt you were UNDER THE INFLUENCE? \_\_\_\_\_

Did you, in fact, feel affected by the drugs/alcohol consumed or under the influence? Yes / No

Did you feel that you would be taking a chance by driving after consuming the drugs/alcohol? Yes / No

**FIELD SOBRIETY / DEXTERITY TESTS - GENERAL**

What exactly did the officer say regarding taking the field sobriety tests / exercises?

Were you **TOLD** to take them or **ASKED** to take them? Told / Asked

Were you told you **MUST** take them or that it was **REQUIRED**? Yes / No

Were you told there would be **CONSEQUENCES** if you didn't? Yes / No

What **WORDS** were used by the officer? \_\_\_\_\_

Did you **AGREE** to perform any field sobriety tests / exercises? Yes / No

**Why / why not?** \_\_\_\_\_

**WHERE** were you asked to perform these exercises?

\_\_\_\_ Roadway \_\_\_\_ Shoulder \_\_\_\_ Parking Lot \_\_\_\_ Other (explain) \_\_\_\_\_

**WHERE** exactly did you perform these exercises? \_\_\_\_\_

Last Name: \_\_\_\_\_

Can you return to the scene and take photographs of the exact location, lighting, etc.? Yes / No

**SURFACE** characteristics:

\_\_\_\_\_ Flat    \_\_\_\_\_ Slight Hill    \_\_\_\_\_ Moderate Hill    \_\_\_\_\_ Steep Hill  
\_\_\_\_\_ Pavement    \_\_\_\_\_ Grass    \_\_\_\_\_ Mud    \_\_\_\_\_ Other (explain) \_\_\_\_\_  
\_\_\_\_\_ Clear of debris    \_\_\_\_\_ Debris present (explain) \_\_\_\_\_  
\_\_\_\_\_ Dry    \_\_\_\_\_ Damp/Wet    \_\_\_\_\_ Puddles

**WEATHER:** \_\_\_\_\_ Clear    \_\_\_\_\_ Rain    \_\_\_\_\_ Sleet    \_\_\_\_\_ Snow    \_\_\_\_\_ Foggy  
\_\_\_\_\_ Calm    \_\_\_\_\_ Breezy    \_\_\_\_\_ Windy  
\_\_\_\_\_ Warm    \_\_\_\_\_ Cool    \_\_\_\_\_ Cold

**LIGHTING** \_\_\_\_\_ Daytime    \_\_\_\_\_ Dark    \_\_\_\_\_ Artificial light, describe \_\_\_\_\_

What **CLOTHING** were you wearing at the time of the alleged offense?

\_\_\_\_\_

What color was your clothing? \_\_\_\_\_

What type of **FOOTWEAR** were you wearing? \_\_\_\_\_

If you were wearing **HEELS**, how high were they? \_\_\_\_\_

Were you given the **OPPORTUNITY TO REMOVE** them? Yes / No    **DID YOU** remove them? Yes / No

How many **HOURS** had you **WORKED** during the day prior to the arrest? \_\_\_\_\_

**WHEN** had you **LAST SLEPT** prior to your arrest? \_\_\_\_\_

**HOW MUCH** sleep did you get? \_\_\_\_\_

**PROVIDE INFORMATION FOR THE FIELD SOBRIETY TESTS YOU WERE GIVEN**

**WALK AND TURN** (walking a line touching heel to toe)

Did the **OFFICER ASK** if you had any **PHYSICAL INJURIES** or conditions that affect your balance or that would prevent you from being able to walk heel to toe such as a foot, ankle, knee, leg, hip, back or inner ear condition? Yes / No

If yes, what answer did you give? \_\_\_\_\_

\_\_\_\_\_

What precisely were the **OFFICER'S INSTRUCTIONS**? \_\_\_\_\_

\_\_\_\_\_

**INSTRUCTION PHASE:** Were you told to stand in a heel/toe position with your hands at your side while the exercise was explained and demonstrated? Yes / No

If yes, were you **TOLD** not doing so would be **COUNTED AGAINST YOU**? Yes / No

Last Name: \_\_\_\_\_

If yes, did you **MAINTAIN HEEL/TOE CONTACT** during this phase? Yes / No

Did the **OFFICER SAY NOT TO START UNTIL TOLD TO DO SO?** Yes / No

If yes, were you **TOLD** not doing so would be **COUNTED AGAINST YOU?** Yes / No

If yes, **DID YOU WAIT** to start until you were told to do so? Yes / No

Did the officer **EXPLAIN** the exercise? Yes / No

Did the officer **DEMONSTRATE** how to walk? Yes / No

Did the officer ask if you **UNDERSTOOD** the instructions? Yes / No

Were you told **HOW** your performance would be **SCORED?** Yes / No

Was there a **DESIGNATED LINE?** Yes / No If yes, describe the line.

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Did you **STEP OFF LINE** at any time? Yes / No

If yes, **HOW MANY TIMES?** \_\_\_\_\_

**HOW MANY STEPS** were you **TOLD TO TAKE** on the way **OUT?** \_\_\_\_\_

On the way **BACK?** \_\_\_\_\_

**HOW MANY STEPS DID YOU TAKE** on the way **OUT?** \_\_\_\_\_

On the way **BACK?** \_\_\_\_\_

Were you **TOLD** to actually **TOUCH HEEL TO TOE** while walking? Yes / No

If yes, **DID YOU** make heel/toe contact with each step? Yes / No

If you did not, on **HOW MANY STEPS** did you **MISS** heel/toe contact? \_\_\_\_\_

Were you **TOLD HOW TO TURN?** Yes / No

If yes, how exactly were you told to turn? \_\_\_\_\_

Did the officer **DEMONSTRATE** how to turn? Yes / No

Did you **TURN CORRECTLY?** Yes / No

If no, what did you do wrong? \_\_\_\_\_

**WHAT**, if anything, were you **TOLD** to do with your **ARMS** while walking?

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If told to keep at your side, **DID YOU DO SO?** Yes / No

**WHAT**, if anything, were you **TOLD** to do with your **EYES** while walking?

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Were you told to **COUNT OUT LOUD** each step? Yes / No Did you? Yes / No

Did you **STOP WALKING** before finishing the exercise? Yes / No

What, if anything, do you think you did **WRONG?** \_\_\_\_\_

Last Name: \_\_\_\_\_

**ONE LEG STAND** (standing with one leg elevated while counting 1-30)

Did the **OFFICER ASK** if you had any **PHYSICAL INJURIES** or conditions that affect your balance or that would prevent you from being able to walk heel to toe such as a foot, ankle, knee, leg, hip, back or inner ear condition? Yes / No If yes, what answer did you give? \_\_\_\_\_

What precisely were the **OFFICER'S INSTRUCTIONS**?

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**INSTRUCTION PHASE:** Were told to stand with your feet together and your hands at your side while the exercise was explained and demonstrated? Yes / No

If yes, were you **TOLD** not doing so would be **COUNTED AGAINST YOU**? Yes / No

If yes, did you **STAND IN THIS POSITION** during this phase? Yes / No

Did the **OFFICER SAY NOT TO START UNTIL TOLD TO DO SO**? Yes / No

If yes, were you **TOLD** not doing so would be **COUNTED AGAINST YOU**? Yes / No

If yes, **DID YOU WAIT** to start until you were told to do so? Yes / No

Did the officer **EXPLAIN** the exercise? Yes / No

Did the officer **DEMONSTRATE** the exercise? Yes / No

Did the officer ask if you **UNDERSTOOD** the instructions? Yes / No

Were you told **HOW** your performance would be **SCORED**? Yes / No

Were you told **WHICH LEG** to raise? Yes / No

**HOW HIGH** were you told to raise your foot? \_\_\_\_\_

Were you told to keep the elevated **LEG STRAIGHT**? Yes / No

**WHAT ELSE**, if anything, were you **TOLD TO DO** while keeping your foot elevated?

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Did you **DO AS INSTRUCTED**? Yes / No

**HOW LONG** were you **TOLD** to keep your **FOOT ELEVATED**? \_\_\_\_\_

**HOW LONG DID YOU** keep you foot elevated? \_\_\_\_\_

Did the officer **USE A WATCH** to time the exercise? Yes / No

**WHERE** were you told to **LOOK** during this exercise? \_\_\_\_\_

Did you **HOP** during this exercise? Yes / No

Did you **SWAY** during this exercise? Yes / No

Did you **RAISE YOUR ARMS** from your side during this exercise? Yes / No

If yes, were you told to keep them at your side? Yes / No

Last Name: \_\_\_\_\_

What, if anything, do you think you did **WRONG**?

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**HORIZONTAL GAZE NYSTAGMUS** (checking eyes by moving a stimulus back and forth)

Were you were wearing **CONTACT LENSES OR EYE GLASSES**? Yes / No

If yes, were you **ASKED TO REMOVE** them? Yes / No      **DID YOU?** Yes / No

What precisely were the **OFFICER'S INSTRUCTIONS**?

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Did you follow the instructions? \_\_\_\_\_

**WHAT**, if anything, do you think you may have **DONE INCORRECTLY**?

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**NUMBER OF PASSES** in front of each eye (**SIDE TO SIDE**)? \_\_\_\_\_

**NUMBER OF PASSES UP AND DOWN**? \_\_\_\_\_

Were you **FACING** the **CRUISER** when performing this exercise? Yes / No

Did the officer shine a **FLASHLIGHT** in your eyes while performing this exercise? Yes / No

**ALPHABET RECITATION**

Were you told to recite the **ENTIRE** alphabet or a **PORTION** of it? \_\_\_\_\_

If a portion, **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_. Did you do so correctly? Yes / No

Were you told how your performance would be scored? Yes / No

What precisely were the **OFFICER'S INSTRUCTIONS**?

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What, if anything, do you think you did **WRONG**?

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**COUNTING FORWARD and/or BACKWARD**

From what number? \_\_\_\_\_ To what number? \_\_\_\_\_

From what number? \_\_\_\_\_ To what number? \_\_\_\_\_

Were you told how your performance would be scored? Yes / No

What precisely were the **OFFICER'S INSTRUCTIONS**?

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What, if anything, do you think you did **WRONG**?

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**FINGER - NOSE TOUCH** (touching the tip of finger to tip of nose)

What precisely were the **OFFICER'S INSTRUCTIONS**?

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Were you told to **TILT YOUR HEAD** back? Yes / No

What were you told about your eyes? **OPEN / CLOSED**

Were you told how your performance would be scored? Yes / No

What, if anything, do you think you did **WRONG**?

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**FINGER DEXTERITY** (touching thumb to each finger in sequence while counting 1-4, 4-1)

What precisely were the **OFFICER'S INSTRUCTIONS**?

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Was the exercise **EXPLAINED** to you? Yes / No

Was the exercise **DEMONSTRATED** to you? Yes / No

Were you asked if you **UNDERSTOOD** the exercise? Yes / No

What, if anything, do you think you did **WRONG**?

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**OTHER DEXTERITY TESTS NOT DISCUSSED ABOVE** (please specify and describe)

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**PRELIMINARY BREATH TEST (PBT):** (this is the hand held breath test usually done before arrest)

What did the officer say to you about your obligation to take the PBT?

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Were you **TOLD** you had the **RIGHT TO REFUSE** the PBT? Yes / No

Were you **TOLD** that your **REFUSAL** of the PBT **COULD NOT BE USED AGAINST YOU**? Yes / No

Were you **TOLD** there would be a **SANCTION** or **CONSEQUENCE** if you refused the PBT? Yes / No

If yes, what sanction / consequence? \_\_\_\_\_

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What, if anything, were you told about the **USE OF THE PBT IN COURT**?

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What precisely were the **OFFICER'S INSTRUCTIONS**?

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Did you **BLOW IN THE PBT**? Yes / No      **WHY / WHY NOT?** \_\_\_\_\_

If yes, **HOW MANY TIMES?** \_\_\_\_\_

Were you **TOLD** you had the right to **SEE THE READING** on the equipment? Yes / No

Did you **ASK TO SEE THE READING**? Yes / No

Were you **TOLD/SHOWN** the **RESULT**? Yes / No      If yes, what was the **RESULT**? \_\_\_\_\_

Did the **OFFICER ASK** if you had **CONSUMED** any **ALCOHOL** in the last 20 minutes? Yes / No

If yes, what answer did you give? \_\_\_\_\_

**HAD YOU** in fact **CONSUMED ANY ALCOHOL** within the last 20 minutes before PBT? Yes / No

**MIRANDA WARNINGS**

Were you ever **ADVISED** of **MIRANDA** warnings? Yes / No

(i.e., “you have the right to remain silent, anything you say can be used against you in a court of law, you have the right to have a lawyer present during any questioning, and if you can not afford a lawyer one will be appointed for you”)

If yes, **WHEN** and **WHERE** was it done? \_\_\_\_\_

Did you **ASK FOR A LAWYER**? Yes / No

If yes, what was the **POLICE RESPONSE**? \_\_\_\_\_

If you were read these Miranda warnings, did you **SAY ANYTHING** to police **PRIOR** to being informed of these rights? Yes / No      If yes, what? \_\_\_\_\_

If you were read these Miranda warnings, did you **SAY ANYTHING** to police **AFTER** being informed of these rights? Yes / No      If yes, what? \_\_\_\_\_

**EVIDENTIARY BREATH TEST** (the evidential breath test machine at the jail or police station)

What did the **OFFICER SAY** regarding your obligation to submit a blood or breath test?

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What did **YOU SAY** regarding your obligation to submit a blood or breath test? \_\_\_\_\_

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Last Name: \_\_\_\_\_

Were you told there would be a **SANCTION/CONSEQUENCE** if you **REFUSED** the test? Yes / No

If yes, what were you told the sanction would be? \_\_\_\_\_

Did the officer **READ FROM a FORM** about your obligation to take the test? Yes / No

If yes, **WHEN** did the officer read the form? \_\_\_\_\_

Did you **UNDERSTAND THE FORM** read to you? Yes / No

What, if anything, was **SAID BY THE OFFICER** after it was read?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if anything, was **SAID BY YOU** after it was read?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you agree to **TAKE BREATH TEST**? Yes / No

If yes, **WHY**? \_\_\_\_\_

If no, **SKIP TO REFUSAL SECTION.**

Were you **TOLD NOT TO BURP, BELCH**, etc. for 20 minutes prior to taking the test? Yes / No

What, if anything were you told about **WHY** not burping, belching, etc. was important?

\_\_\_\_\_  
**DID YOU BURP, BELCH**, etc. during the 20 minute period? Yes / No

If yes, Did the **ARRESTING OFFICER HEAR** the burp, belch, etc.? Yes / No

What did the officer say or do? \_\_\_\_\_

Did the **BREATH TEST OPERATOR (BTO) HEAR** the burp, belch, etc.? Yes / No

What did the BTO do or say? \_\_\_\_\_

Was a **NEW 20 MINUTE PERIOD** started? Yes / No

**WHAT IF** anything, were you told would happen if you burped or belched again? \_\_\_\_\_

Did you **BURP, BELCH**, etc. **AGAIN**? Yes / No

If yes, was it **HEARD**? Yes / No

What happened then? \_\_\_\_\_

Did the **BTO CHECK INSIDE YOUR MOUTH** before you blew in the machine? Yes / No

What precisely were the **OFFICER'S INSTRUCTIONS**? \_\_\_\_\_

\_\_\_\_\_



Last Name: \_\_\_\_\_

**HOW MANY TIMES** do you remember blowing into the breath test machine? \_\_\_\_\_

Were you **ASKED** if you had **BURPED/BELCHED** before blowing into the machine **EACH TIME**? Y / N

Were you **TOLD** you had the **RIGHT TO SEE THE RESULT** on the machine? Yes / No

Were you ever told you were **BLOWING INCORRECTLY**? Yes / No

If so, what were you told you were doing incorrectly? \_\_\_\_\_

Did the machine display an **ERROR MESSAGE**? Yes / No

If yes, was it: \_\_\_\_\_ Invalid Sample \_\_\_\_\_ Deficient Sample \_\_\_\_\_ Out of Tolerance

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Did the machine print a result? Yes / No What was the **RESULT**? \_\_\_\_\_

**REFUSAL (FILL OUT THIS SECTION ONLY IF YOUR WERE CHARGED WITH REFUSAL)**

Did you **INTEND TO REFUSE** the request to submit a blood or breath test? Yes / No

If yes, why? \_\_\_\_\_

If no, what did the officer say was the reason behind the refusal charge? \_\_\_\_\_

Please use the space below to give me a **DETAILED ACCOUNT** of the refusal charge and the events leading up to it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POSSIBLE WITNESSES TO DRINKING:** (friends, server, bartender, etc.)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Was s/he drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \_\_\_\_\_

Do you think that they would testify on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No

What do you believe their testimony would be? \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Was s/he drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \_\_\_\_\_

Last Name: \_\_\_\_\_

Do you think that they would testify on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No

What do you believe their testimony would be? \_\_\_\_\_

Do you have a **RECEIPT** or other evidence of how much you had to drink? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what do you have? \_\_\_\_\_

If no, can you get something? \_\_\_\_\_ Yes \_\_\_\_\_ No

**POSSIBLE WITNESSES TO DRIVING AND/OR FIELD SOBRIETY TESTS**

Were there any passengers in your car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Was s/he drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, estimate of how much? \_\_\_\_\_

What was his/her condition at the time of your stop/arrest? \_\_\_\_\_

Do you think that they would testify on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No

What do you believe their testimony would be? \_\_\_\_\_

Did any officer talk to them or get a statement from them \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who took the statement from them and what did they say? \_\_\_\_\_

Were they allowed to drive your vehicle home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who drove it home? \_\_\_\_\_

If not, what happened to your car? \_\_\_\_\_

Was your **VEHICLE SEARCHED**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, was **ANYTHING SEIZED**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what? \_\_\_\_\_

**WHERE** exactly was it **FOUND**? \_\_\_\_\_

Did you **KNOW IT WAS THERE**? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did it get in the car, if you know? \_\_\_\_\_

Were **YOU SEARCHED**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, was **ANYTHING SEIZED**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what? \_\_\_\_\_

**WHERE** exactly was it **FOUND**? \_\_\_\_\_

Did you **KNOW IT WAS THERE**? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did it come to be there? \_\_\_\_\_

Last Name: \_\_\_\_\_

**CONDITION OF CAR**

Date of **LAST REPAIR** or **EXAMINATION** of vehicle by auto repair shop:

\_\_\_\_\_

Were there any **MECHANICAL DEFECTS** in your car? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, describe \_\_\_\_\_

Who can be called as **WITNESSES** to verify this? \_\_\_\_\_

Please use the space below to give me your **DETAILED ACCOUNT** of your arrest and the events leading up to your arrest. Be sure to include **ANYTHING NOT PREVIOUSLY ADDRESSED** that you want me to know, think we need to discuss, or have any questions about?

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