

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

CLIENT CASE INFORMATION

Today's Date: _____ City/County Where Case Is Pending: _____

Offense Date: _____ Arraignment Date & Time: _____ am / pm

Court Dates & Times: _____ am / pm

_____ am / pm

_____ am / pm

PERSONAL INFORMATION

Name _____ Home # _____

Address _____ Work # _____

City _____ State _____ Zip _____ Cell # _____

Date of Birth _____ SSN _____ E-mail: _____

Are you a U.S. Citizen? (Circle: Y / N) If not, what is your current status? _____

Age at time of incident: _____ Height: _____ Weight: _____

Name of spouse/significant other: _____

May we send mail to your home? _____ work? _____ May we contact you at your home? _____ work? _____

CURRENT OFFENSE(s):

_____ DUI / DWI

_____ 1st _____ 2nd/5yrs _____ 2nd/10yrs _____ 3rd/5yrs _____ 3rd/10yrs _____ 4th+/10yrs

_____ Breath Test _____ Blood Test; Result: _____

_____ Refusal to Submit to Breath / Blood Test

_____ Reckless Driving (_____ mph in a _____ mph zone)

_____ Driving Suspended / Revoked

_____ Leaving Accident Scene - Hit & Run (misdemeanor or felony)

_____ Speeding (_____ mph in a _____ mph zone)

_____ 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



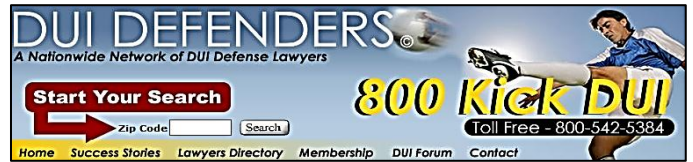
- VirginiaDUIDefense.com



- Virginia-DUI-Lawyer.com



- AVVO.com



- DUI.com



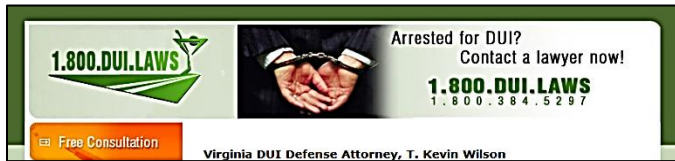
- DUI-Help.com



- TotalDUI.com



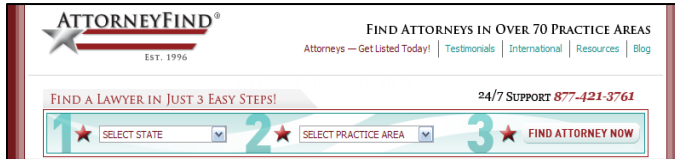
- SpeedingTicketCentral.com



- 1800DUILaws.com



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



- AttorneyFind.com



- AttorneyPages.com



- Lawyers.com



- VirginiaDrunkDrivingLawyer.com

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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? _____

MILITARY HISTORY

Military service? Yes / No Branch _____ Years of Service _____

Highest Rank _____ Discharge Type _____

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? _____

CRIMINAL & TRAFFIC HISTORY:

PLEASE LIST YOUR COMPLETE CRIMINAL / TRAFFIC HISTORY

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

PETITION REQUIREMENTS

In order to be successful with our petition, we must be able to prove the following:

- That at the time of your previous convictions, you were addicted to or psychologically dependant on the use of alcohol or other drugs,
- That at the time of the hearing on the petition, you are no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- That you do not constitute a threat to the safety and welfare of yourself or others with regard to the driving of a motor vehicle.

In addition, the following are the VASAP guidelines for restricted restoration of driving privileges:

1. Verifiable abstinence from drugs or alcohol for the previous 2 years.
2. No alcohol or other drug-related criminal convictions within the previous 3 years.
3. No traffic convictions within the previous 3 years.
4. No conviction for violating the determination or the DMV administrative revocation order with the previous 3 years.
5. All court fines/costs and judgments paid or a court approved payment plan in place.
6. No pending traffic or criminal charges.
7. Identifiable changes toward a more positive lifestyle.
8. Breath tests and urine tests administered as required by VASAP with a negative result.
9. Placed in VASAP for supervision and intervention during the restricted licensing period for a minimum of 12 months.
10. Completions of ignition interlock requirements or VASAP orders.
11. If granted interim restrictions, no jail-able traffic violations during the period of the interim restricted operator's license.

The following are the VASAP guidelines for full restoration of driving privileges:

1. Verifiable abstinence from drugs or alcohol for the previous 3 years.
2. No alcohol or other drug-related criminal convictions within the previous 5 years.
3. No traffic convictions within the previous 5 years.
4. No conviction for violating the determination or the DMV administrative revocation order with the previous 5 years.
5. All court fines/costs and judgments paid or a court approved payment plan in place.
6. No pending traffic or criminal charges.
7. Identifiable changes toward a more positive lifestyle.
8. Complete supervision and monitoring with a restricted driving privilege for a minimum of 6 months prior to a recommendation for full restoration.
9. Breath tests and urine tests administered as required by VASAP with a negative result.
10. Completions of ignition interlock requirements or VASAP orders.
11. If granted interim restrictions, no jail-able traffic violations during the period of the interim restricted operator's license.

Please provide the following information to help prove that you are eligible for restoration of your driving privileges:

When was your last **ALCOHOL** use? _____ **DRUG** use? _____

When and where was your last **SUBSTANCE ABUSE TREATMENT** participation? _____

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

Please tell me what **LIFE CIRCUMSTANCES** have changed since time your privilege to drive was revoked to now, including employment, family, education, etc.:

Please provide a list of **WITNESSES** that may be willing to come to court and verify your sobriety. These would include those who have seen you out socially and preferably who knew you at the time of your license revocation.

Is there **ANYTHING ELSE** you can tell me about yourself, including your family, job etc. that you would like to share, ask or discuss with us? Be specific.

