

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:



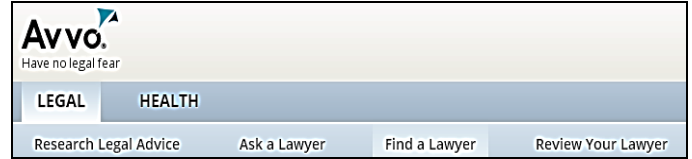
- TKevinWilsonLawyer.com AND/OR
 TheWilsonLawFirm.org



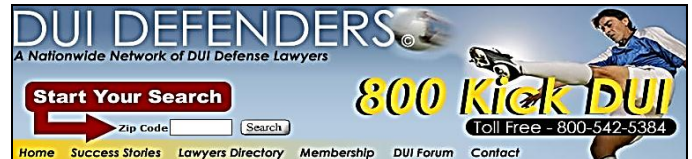
- VirginiaDUIDefense.com



- Virginia-DUI-Lawyer.com



- AVVO.com



- DUI.com



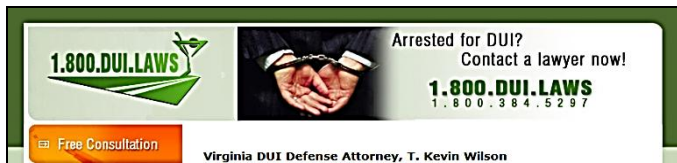
- DUI-Help.com



- TotalDUI.com



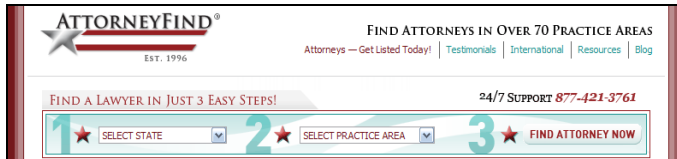
- SpeedingTicketCentral.com



- 1800DUILaws.com



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



- AttorneyFind.com



- AttorneyPages.com



- Lawyers.com



- VirginiaDrunkDrivingLawyer.com

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

RECKLESS DRIVING/SPEEDING 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:

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> |
|----------------|-------------|---------------------|-----------------------------|
| | | | |
| | | | |
| | | | |

HEALTH / MEDICAL INFORMATION

Had you been **ill** the day 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 stop? Yes / No

Doctor name: _____ Reason? _____

Address and Phone: _____

Are you under the care of an Ophthalmologist? ____ Yes ____ No

Doctor Name: _____

Address and Phone: _____

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

DETAILS OF THE STOP:

Date of offense: _____ Day of week: _____ Time: _____ am/pm

WEATHER: ___ Clear ___ Rain ___ Sleet ___ Snow ___ Foggy
 ___ Calm ___ Breezy ___ Windy
 ___ Warm ___ Cool ___ Cold

LIGHTING ___ Daytime ___ Dark ___ Artificial light (describe) _____

Highway name or route number Defendant was traveling on: _____

Direction heading: _____ Destination: _____

Make/Model and Year of Vehicle in which Defendant was driving when charged: _____

Ownership of vehicle and/or whether it was a rental: _____

PASSENGERS in the vehicle and their relationship to Defendant: _____

FILL THIS SECTION OUT IF THE 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? _____

Location of alleged offense: _____

Please describe the sequence of events leading up to being stopped by the officer: _____

Please describe where on the road you stopped: _____

IF CHARGED WITH RECKLESS DRIVING BY SPEED, HOW WAS SPEED CLOCKED?

___ Unknown ___ Radar ___ Pacing ___ Lidar ___ Other: _____

Did Defendant see the squad car and/or officer holding radar gun? ___ yes ___ no

If yes, where was car/officer located? _____

Were you watching your speedometer at the time? ___ yes ___ no

How fast do you think you were traveling? _____

Any explanation for your speed? _____

FILL OUT THE REMAINING SECTION ONLY IF THE CASE INVOLVED AN ACCIDENT

Did the accident involve OTHER CARS? Yes / No Did Defendant's AIRBAG(s) deploy? Yes / No

If other cars, how many? _____ Injury to Defendant? Yes / No Injury to others? Yes / No

If any injuries, give details as to who was injured and details, if known: _____

INFORMATION ABOUT OTHER DRIVER:

Name _____ Home Phone: _____

Address _____ Work Phone: _____

_____ Cell Phone: _____

Make, Model and Year of their vehicle: _____

License # _____ Tag # _____

Insurance Company _____ Policy # _____

Covering damages? Yes / No

INFORMATION ABOUT ADDITIONAL DRIVER(S) (if applicable)

Name _____ Home Phone: _____

Address _____ Work Phone: _____

_____ Cell Phone: _____

Make, Model and Year of their vehicle: _____

License # _____ Tag # _____

Insurance Company _____ Policy # _____

Covering damages? Yes / No

(USE OTHER SIDE or ANOTHER PIECE OF PAPER IF MORE INDIVIDUALS TO LIST)

If the accident involved impact with object or objects, describe below and value of damage if known:

Description as to how accident occurred and details:

Did Defendant speak with LAW ENFORCEMENT officer? ____ Yes ____ No ____ Do not recall

Did Defendant TALK TO ANYONE ELSE at the scene? ____ Yes ____ No ____ Do not recall

If answered yes to either of the above, what was said and to whom? Use the space below to also address WHAT was specifically said to whom as HOW/WHY the ACCIDENT occurred?

If an ambulance came, did the Ambulance or the Police arrive first? Ambulance / Police

Did Defendant take ambulance to ER? Yes / No Admitted to hospital? Yes / No

Any witnesses to the accident? Yes / No If yes list their information, if known, below:

WITNESS 1:

Name _____ Home Phone: _____

Address _____ Work Phone: _____

_____ Cell Phone: _____

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 him or her or get a statement from them _____ Yes _____ No

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

WITNESS 2:

Name _____ Home Phone: _____

Address _____ Work Phone: _____

_____ Cell Phone: _____

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 him or her or get a statement from them _____ Yes _____ No

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

WITNESS 3:

Name _____ Home Phone: _____

Address _____ Work Phone: _____

_____ Cell Phone: _____

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 him or her or get a statement from them _____ Yes _____ No

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

(USE ANOTHER PIECE OF PAPER OR OTHER SIDE IF MORE THAN 3 WITNESSES)

After being charged up until Defendant's contact with our office did Defendant speak with anyone else such as the police, insurance agents, the other driver (if applicable) about this charge? Yes / No

If yes, approximately when, to whom, and what does Defendant recall was said between the parties?

Is there ANYTHING ELSE about the accident that you would like to share, ask or discuss with our firm?

