

**DUI CLIENT INTERVIEW SHEET**

COURT DATE: \_\_\_\_\_

Interview Date: \_\_\_\_\_

How did you hear about our law firm? \_\_\_\_\_

**1. PERSONAL INFORMATION**

D.O.B. \_\_\_\_\_

S.S.N. \_\_\_\_\_

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

Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ ok? \_\_\_ Work \_\_\_\_\_ ok? \_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Alternate number: \_\_\_\_\_

How long resident of county: \_\_\_\_\_

Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Children and ages: \_\_\_\_\_

High school: \_\_\_\_\_

College/Vocational: \_\_\_\_\_

Military: \_\_\_\_\_

Business, educational or professional awards, honors, recognitions or accolades: \_\_\_\_\_

\_\_\_\_\_

Employment: \_\_\_\_\_

How long? \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Type of work: \_\_\_\_\_

Work hours: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ How Long? \_\_\_\_\_

**2. PRIOR RECORD**

Adult: \_\_\_\_\_ 1. \_\_\_\_\_  
\_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_ 3. \_\_\_\_\_

Juvenile: \_\_\_\_\_

Traffic: \_\_\_\_\_

**3. ARREST INFORMATION**

Date of arrest: \_\_\_\_\_ Time of arrest: \_\_\_\_\_

Place of arrest: \_\_\_\_\_

Arresting officer, department and badge number: \_\_\_\_\_  
\_\_\_\_\_

Warrants issued: \_\_\_\_\_

Citations issued: \_\_\_\_\_

Passengers at time of arrest:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

Other relevant defense witnesses:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

Witnesses willing to testify ( ) Yes ( ) No ( ) Check With Client First

PROBABLE CAUSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distance followed by the police: \_\_\_\_\_

Statements or Comments Made By The Officer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Miranda warning given? (details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statements Before Rights? ( ) Yes ( ) No ( ) Not Sure

Statements Made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle searched? \_\_\_\_\_ Property taken from vehicle: \_\_\_\_\_

Person searched? \_\_\_\_\_ Property taken from Def.: \_\_\_\_\_

Accident? ( ) Yes ( ) No Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle towed? ( ) Yes ( ) No By whom? \_\_\_\_\_

Recovered? ( ) Yes ( ) No ( ) Forfeiture, Details: \_\_\_\_\_  
\_\_\_\_\_

**4. FIELD SOBRIETY TESTS**

Tests Performed: \_\_\_\_\_

Surface: \_\_\_\_\_

Lighting: \_\_\_\_\_

Time of Tests After Stop \_\_\_\_\_

Proximity of Traffic: \_\_\_\_\_

One Leg Stand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Long Count? \_\_\_\_\_ Which Leg Down? \_\_\_\_\_  
Police Comment? \_\_\_\_\_

Walk And Turn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Comment? \_\_\_\_\_

Physical Line? \_\_\_\_\_ How Many Steps? \_\_\_\_\_

Officer Demonstration / Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Finger To Nose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Comment? \_\_\_\_\_

□ ABC, HGN OR OTHER TESTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions Regarding Impairment: \_\_\_\_\_

Questions Regarding Weight: \_\_\_\_\_

Questions Regarding Physical Condition / Injuries? \_\_\_\_\_

Clothing at Arrest: \_\_\_\_\_

Footwear: \_\_\_\_\_

Weather: \_\_\_\_\_

Other witnesses to tests: \_\_\_\_\_

**Videotape?** \_\_\_\_\_

**5. CHEMICAL TESTS**

**TYPE:** BREATH \_\_\_\_\_ BLOOD \_\_\_\_\_ URINE \_\_\_\_\_

REFUSAL? \_\_\_\_\_

Reason for Refusal? \_\_\_\_\_

A. BREATH

Implied Consent Warning? \_\_\_\_\_

Implied Consent Warrant: ( ) Yes ( ) No

Time of Arrest \_\_\_\_\_

Observation prior to test \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of test \_\_\_\_\_  
\_\_\_\_\_

Request for Indep. or Alt. Test \_\_\_\_\_

Type of BrAT Unit \_\_\_\_\_

Operator: \_\_\_\_\_

Anything in Mouth: \_\_\_\_\_

Attempted More Than Once? \_\_\_\_\_

\* **Results of test(s):** \_\_\_\_\_

B. BLOOD

Location \_\_\_\_\_

TBI \_\_\_\_\_ Hospital \_\_\_\_\_

Blood Drawer \_\_\_\_\_

\* **Results of test(s):** \_\_\_\_\_

Comments About Test: \_\_\_\_\_  
\_\_\_\_\_

## 6. ALCOHOL CONSUMPTION

Alcohol Consumed: \_\_\_\_\_

Drugs Consumed: \_\_\_\_\_

Last alcohol: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

Last alcohol: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

Last alcohol: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

TOTAL number of drinks: \_\_\_\_\_

Elapsed time: \_\_\_\_\_

Food consumption during the 12-hour period prior to arrest: \_\_\_\_\_

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

### 7. MEDICAL CONDITION

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Overall Health: \_\_\_\_\_

Heart disease: \_\_\_\_\_

Corrective lenses: \_\_\_\_\_

Sensitive to smoke: \_\_\_\_\_

Asthma: \_\_\_\_\_

False teeth or "bridge" work: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Orthopedic: \_\_\_\_\_

Inner ear problems: \_\_\_\_\_

Arthritis: \_\_\_\_\_

Stomach disorders: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Hearing problems: \_\_\_\_\_

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

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

Prescription Medications: \_\_\_\_\_

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

Alcohol History: \_\_\_\_\_

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

Drug History: \_\_\_\_\_

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

Vision: \_\_\_\_\_

Medical condition at time of arrest: \_\_\_\_\_

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Were you taking any medicine or drugs at that time such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills? \_\_\_\_\_

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**PHYSICIANS:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Treatment? \_\_\_\_\_

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2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Treatment? \_\_\_\_\_

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**8. VEHICLE:**

Make, Model, Year \_\_\_\_\_

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Do You Own This Vehicle? ( ) Yes ( ) No \_\_\_\_\_

How long? \_\_\_\_\_

Condition \_\_\_\_\_

Steering last checked or repaired \_\_\_\_\_

Tire Condition \_\_\_\_\_ Brakes \_\_\_\_\_

Mechanical Defects \_\_\_\_\_



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Mechanic who works on car \_\_\_\_\_

**9. ROADWAY**

Weather and Road Conditions:

Blacktop \_\_\_\_\_ Dirt Road \_\_\_\_\_ Rainy \_\_\_\_\_  
Drizzle \_\_\_\_\_ Dark \_\_\_\_\_ Light \_\_\_\_\_  
Foggy \_\_\_\_\_ Dry \_\_\_\_\_ Sleet \_\_\_\_\_  
Hail \_\_\_\_\_ Snow \_\_\_\_\_ Other \_\_\_\_\_  
Slippery \_\_\_\_\_ Normal \_\_\_\_\_ Wet \_\_\_\_\_

**10. OTHER FACTORS AFFECTING ARREST**

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**ADDITIONAL COMMENTS**

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