

***DUI CLIENT
INTERVIEW SHEET***

Date: _____

I. PERSONAL INFORMATION

Full Name: _____ Age: _____ DOB: _____

Race: _____ Sex: _____ Referred by: _____

Current Address: _____ City: _____ State: _____

Telephone Number(s): _____(H) _____(W)

_____ (C) _____ (O)

How long resident of county: _____ Marital Status: _____ Children: _____

SSN: _____ Driver's License No.: _____ State: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____

Length of Employment: _____ Type of work: _____ Hours: _____

Prior alcohol offense(s): _____

Prior driving/traffic record: _____

Other prior criminal offense(s): _____

If you have prior arrests/convictions, state for what, when, where and if convicted:

Describe any business, educational or professional awards, honors, recognitions or accolades: _____

2. ARREST INFORMATION

Date of arrest: _____ Time: _____

Place (Address if available): _____

Arresting officer, department and badge number: _____

Tickets: _____

Distance or amount of time followed by police: _____

Please list any passengers in the car with you:

Full Name: _____

Address: _____

Phone: _____

Full Name: _____

Address: _____

Phone: _____

Full Name: _____

Address: _____

Phone: _____

Full Name: _____

Address: _____

Phone: _____

To the best of your knowledge, would these people be willing, if called, to testify at a hearing or trial on your behalf? _____

Briefly describe the facts leading up to your arrest; that is, why you feel you were stopped and what reason the officer gave you: _____

Clothes you were wearing at time of arrest (including shoes): _____

Anything different or unusual about the way you looked? _____

Were your clothes soiled or clean? _____

What did you say to the arresting officer? _____

What did the officer say to you? _____

Were constitutional rights given (i.e. right to attorney, right to remain silent)? _____
Time: _____ Place: _____ Person: _____

Did you give any statements **before** being read your rights? _____
Describe: _____

Any statements made to you by others **after** being read your rights? _____
Describe: _____

Was vehicle searched? _____ Property taken from vehicle: _____

Were you searched? _____ Property taken from you: _____

Did an accident occur? _____
Details: _____

Accident Report? _____

3. FIELD SOBRIETY TEST(S)

Were you asked, directed or ordered to perform field tests (i.e. finger-to-nose, line walk)? _____

If so, did you perform these tests? _____

Length of time after stopped: _____

Place: _____

Was the surface even where the tests were performed? _____

Type of surface: _____

What were the lighting conditions at the arrest scene? _____

Were tests administered near passing cars? _____

Check all of the following you recall performing:

_____ Finger-to-nose _____ Walk-the-line _____ One-legged stand
_____ Balance _____ ABC _____ Follow pen w/eyes

Other: _____

Did the officer ask you any questions, prior to performing any such tests, about your physical limitations or impairments?

What type of footwear were you wearing? _____

What were the weather conditions (if tests given outside)? _____

What physical line was used in the walk-the-line test? _____

Were the officer's instructions clear? _____

Did the officer first demonstrate each test? _____

Did the officer record the results as the tests were given? _____

Did anyone else witness these tests? _____

How did you think you did on each test? _____

Did the officer(s) tell you how you did? _____

How many hours had you worked prior to arrest? _____

How much sleep had you had 24 hours prior to arrest? _____

Were you videotaped at any time by the police? < > Yes < > No. If yes, when and where?

Did you ever blow into a hand-held breath testing device at the scene of the stop? _____

4. YOUR PHYSICAL CONDITION AT THE TIME OF YOUR STOP

Did you consider yourself to be under the influence of alcoholic beverage at the time of your arrest? _____

Did the drink you had affect your driving? _____

Alcohol and food consumed prior to arrest. (*Please list each drink, starting with your last drink.*)

Last alcohol _____ Time _____

Quantity _____ Type _____

Next alcohol (if none, put none) _____ Time _____

Quantity _____ Type _____

Next alcohol _____ Time _____

Quantity _____ Type _____

Next alcohol _____ Time _____

Quantity _____ Type _____

Next alcohol _____ Time _____

Quantity _____ Type _____

TOTAL number of drinks you had: _____

What did you have to eat during the 12-hour period prior to your arrest and when did you eat it? _____

What is your: height? _____ weight? _____ When did you start drinking? _____

Provide the name, address and telephone number of all persons with you during the time you were drinking.

Name _____ Name _____
Address _____ Address _____

Telephone _____ Telephone _____
Name _____ Name _____
Address _____ Address _____
Telephone _____ Telephone _____

To the best of your knowledge, would these persons be willing to testify if called to testify at a hearing or trial on your behalf? < > Yes < > No

5. YOUR MEDICAL CONDITION AT THE TIME OF ARREST

Were you under the care of a doctor at the time of arrest? _____

If yes, please give name, address and phone number of doctor.

Name _____
Address _____
Telephone _____

Had you seen a dentist within the 24-hour period prior to your arrest? _____

If yes, please give name, address and phone number of dentist.

Name _____
Address _____
Telephone _____

Do you have any physical disability 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 intoxicated (e.g., bad knees)? _____

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

Do you have a speech impairment? _____

Do you have? False teeth or "bridge" work < > Diabetes < > Heart Disease < >
Inner Ear Problems < > Arthritis < > Asthma < > Emphysema < > Dental work which
may have absorbed alcohol < >

Was your stomach upset? _____

Did you belch, burp or regurgitate during the arrest or breath test? _____

Were you chewing gum, candy or anything else prior to the breath test? _____

Were you allowed to smoke, drink, or put anything into your mouth within 20 minutes before the breath test was administered? _____

If so, give details. _____

Do you wear glasses or contact lenses? ____ If yes, what is your corrective reading? _____

List all physical disabilities. _____

List all major illnesses or injuries. _____

Any emotional treatment? _____

List all surgeries. _____

Ever attend Alcoholics Anonymous, Al-Anon, or similar substance abuse support groups?
_____ When and what? _____

During the eight hours before your arrest, were you exposed to any type of solvents or chemicals at home or work (i.e., paint fumes, gasoline, turpentine)? _____

6. CONDITION OF YOUR CAR

Do you own the vehicle you were driving at arrest? _____ Is so, how long? _____

Make, model, year _____ Condition _____

Steering last checked or repaired _____ Tires' condition _____

Brakes _____ Describe any mechanical defects _____

Mechanic who works on car _____

Weather and Road Conditions :

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

Was your car towed after your arrest? _____

If not, what happened to it? _____

If released, to whom was it released? _____

7. ALCOHOL TESTS (BREATH/BLOOD/URINE)

Were you read or given an advisory statement by the officer concerning the officer's request for a breath and/or urine test? < > Yes < > No

Did the officer "speed read" or hurry the reading of these warnings? _____

Where were you at the time this implied consent advisory was given to you? _____

What did the officer state would happen if you refused a chemical test of your breath?

Were you advised that you could take another test (i.e., a blood test)? _____

Were you advised you could have your physician take an additional blood test? _____

Did you request your own, independent, blood, breath or urine test? _____

Were you advised that you could not contact an attorney before deciding whether or not to take a test? _____

Were you threatened or coerced into taking or refusing to take the breath test? _____

If you submitted to the blood/breath/urine test(s), please explain why you did so. If you refused to submit to any or all of these tests, please explain why you did so. _____

Did you take any breath/blood/urine tests? _____

