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Confidential Client Paperwork

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DUI Case Assessment Questionnaire

Please complete this questionnaire to the best of your ability. Details win cases, and we need to know all of the details about your case as soon as possible. Be completely truthful in recording your answers, so that our assessment of your case is accurate. **ALL PERSONAL DATA WILL BE KEPT CONFIDENTIAL.** Set aside sufficient time to complete this questionnaire and use extra paper when necessary.

Read each question carefully before you answer it. If a question asks for a YES or NO response, circle either yes or no, then explain. If you need to provide greater detail about a question, provide that on a separate sheet of paper. If a particular question or section does not apply, write N/A as your answer. If you cannot think of an answer to a question, do your best to recall; otherwise write "I do not recall."

Try not to leave any question unanswered, unless a section doesn't apply to you. Before returning your completed questionnaire, look over the list of other documents we need and return those documents with this questionnaire.

ARREST DATE	ARREST TIME AM ----- PM	COURT DATE	DUI OFFENSE # (1 st , 2 nd , 3 rd , etc.)	COUNTY IN WHICH ARREST OCCURRED	ALLEGED BREATH TEST RESULTS [] 1 ST _____% 2 ND _____% 3 RD _____% [] results unknown [] Refused Test
HOME ADDRESS:			HOME TELEPHONE NUMBER:		WORK TELEPHONE NUMBER:
			CELLULAR/MOBILE PHONE NUMBER:		PAGER NUMBER:
OTHER MAILING ADDRESS: (to be used for mail regarding this case)			ADDRESS ON DRIVER'S LICENSE (IF DIFFERENT FROM HOME ADDRESS):		
EMERGENCY CONTACT PERSON - NAME/ADDRESS/PHONE NUMBER			YOUR EMAIL ADDRESS (THAT YOU CHECK REGULARLY)		

TELL US ABOUT YOURSELF

Full Name: _____ Nickname/Alias/Maiden: _____

Birth Date: ____/____/____ Place of Birth: _____ SSN: _____

How did you learn about this office? _____
 Real Yellow Pages Sprint Yellow Pages Website Referral

WHAT IS YOUR LICENSE STATUS

Driver's License Number: _____ State: _____ Expiration date: _____

Restrictions on License: None - Yes: What are they? _____

Do you have a commercial driver's license? CDL – Yes/No _____ Endorsements? _____

Date of Issue: ____/____/____ Is license valid? _____

YOUR EMPLOYMENT

Employer: _____ Type Business: _____

Work Address: _____

Job Title: _____ How long? _____

Annual Income: Under \$25G \$25-50G \$50G plus

Prior Employment? _____ How long? _____

Vehicle used in current employment? (If yes, what purpose): _____

Would you be fired, restricted in duties, passed over for promotion or demoted if:

1. convicted of DUI? _____
2. your license is suspended? _____
3. suspended but with work only license? _____

Do you drive a company owned vehicle? _____

Are you insured by your companies insurance carrier? _____

Miles you drive to/from work daily? _____

Totl miles driven each week (personal and business)? _____

Is public transportation available to you? _____

DESCRIBE YOUR HEALTH

Height: _____ Weight: _____

What prescription medicines do you take? Why? _____

What non-prescribed medications do you take? _____

Do you have specific health problems:	YES	NO
Hearing, inner ear or auditory problems?	[]	[]
Eyes, including any surgery or injuries?	[]	[]
Dizziness or depth perception?	[]	[]
Heart, blood pressure, angina, circulatory?	[]	[]
Allergies?	[]	[]
False teeth or bridge work?	[]	[]
Gum disease, ulcers or periodontal problems?	[]	[]
Problems walking or standing?	[]	[]

Problems with legs, knees, feet, arms, arthritis?	[]	[]
Stomach or esophagus, hiatal hernia, gastric reflux?	[]	[]
Chronic or regular heartburn?	[]	[]
Lungs, breathing, asthma. Emphysema?	[]	[]
Liver problems, disease or disorder?	[]	[]
Bladder, kidneys?	[]	[]
Diabetes, hypoglycemia, blood sugar irregularities?	[]	[]

If you answered “yes” to any health questions, give details of what causes the problem and when you tend to have the worst problems with this condition (use separate sheet of paper).

On the night of your arrest did you have any problems with stomach/esophagus prior to or during confrontation with the police? Yes No Don't Recall

Were you taking any medication, cough syrup, aspirin, Tagamet, inhalers, etc. (prescribed or over the counter) when arrested or within 24 hours of your arrest? Yes No Don't Recall

If Yes, what? _____ Why? _____

If prescribed name and address of doctor? _____

How long had you been taking this medication prior to your arrest? _____

How does that medicine affect you? _____

List all surgeries during your lifetime (what, when, where, doctor's name and address): _____

Have you ever been in a serious accident or suffered significant injuries from any traumatic event (car wreck, childhood injuries, broken bones, etc.)? _____

On the night of your arrest, was your mouth, tongue, or gums bleeding? Did you have blood in your mouth for any reason? _____

This is the most helpful part of the questionnaire. During the 24 hour period prior to your arrest, describe your activities in great detail from the time you woke up until the arrest occurred. List these details in

Please attach and return with this questionnaire “copies” of the following documents (if applicable):

1. all traffic citations you received after your arrest.
2. copies of any documents you received regarding this arrest from the jail.
3. from the court.
4. from the police/sheriff’s office.
5. accident report.
6. bond paperwork.
7. inventory list of personal items taken from you.
8. tow truck company records.
9. driving history (obtained from the Department of Motor Vehicles).
10. paperwork regarding previous DUI arrests.