

**TRAFFIC - DUI
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____
fax: _____ hours: _____
employer's name: _____
home: _____ time to call: _____
cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

Defendant's Information

1. Marital status: ___ Married ___ Separated ___ Divorced ___ Single

2. If married, spouse's name: _____

3. Are you employed: ___ Yes ___ No.

If yes, name of employer: _____

Address:

Days of employment: _____

Hours of employment: _____

4. If married, is your spouse employed: ___ Yes ___ No.

If yes, name of employer: _____

Address: _____

Telephone: _____

Days of employment: _____

Hours of employment: _____

5. Do you have any physical disabilities or illnesses: ___ Yes ___ No.

If yes, specify: _____

6. Are you currently taking any prescribed medications: ___ Yes ___ No.

If yes, specify type, and name and address of your physician:

7. Are you currently on supervision, conditional discharge, probation or mandatory supervised release: ___ Yes ___ No.

If yes, for what and the terms of the sentence: _____

8. Can you read and write English: ___ Yes ___ No.

Pending Charges Information

9. List pending charges:

Charge

Class

10. Amount of bond posted: \$ _____
11. Next scheduled court appearance: _____
12. Have you appeared in Court? If so, what took place at those court appearances: _____
- _____
- _____

Arrest Information

13. Where were you prior to driving? _____
14. Had you been drinking prior to your arrest: ___ Yes ___ No.
If yes, how much, what and where: _____
15. What time did you start drinking? _____
16. What time did you stop drinking? _____
17. If you had been drinking, list any witnesses, and their addresses, who observed you prior to your driving:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. At the time of your arrest, had you taken any medications:
___ Yes ___ No.
If yes, what, how much and when: _____

19. At the time of your arrest where were you going or coming from:

20. At the time of your arrest was anyone else with you: ___ Yes ___ No.

If yes, list their name and address:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

21. Did the arresting officer tell you why he/she stopped you: _____

22. Name of arresting officer: _____

23. Police agency of arresting officer: _____

24. Describe the following about the stop:

Location: _____

Weather conditions: _____

Lighting conditions: _____

Roadway conditions: _____

25. Relate the nature of your conversation with the arresting officer:

26. Did you tell the arresting officer that you had been drinking? ___ Yes ___ No.

27. Were you asked to take any field sobriety tests: ___Yes ___No.
If yes, describe the tests you took and how you did: _____

28. To your knowledge, did the arresting officer's squad car have a video camera:
___Yes ___No ___Unknown.
29. Where were you transported from the scene of the arrest: _____

30. Were you asked to take any of the following tests:
Breath: ___Yes ___No.
Urine: ___Yes ___No.
Blood: ___Yes ___No.
31. For any test you were asked to take, did you take it: ___Yes ___No.
If you took the test, what was the result of the test: _____

32. Did you ask to take any additional tests: ___Yes ___No.
If yes, what was the police officers response: _____

33. If you took a breath test, did you smoke, eat, chew gum, throw up
or belch between your arrest and the time you took the test: ___Yes ___No.
If yes, describe: _____
34. How much time elapsed between your arrest and your actually taking any of the above test(s):

35. Were you read a Warning to Motorist by the arresting officer: ___Yes ___No.
If yes, what do you understand it to mean: _____

36. Who picked you up at the jail: _____
37. At the time of the arrest, were you driving your car: ___Yes ___No.
If no, whose car were you driving: _____

