

DUI CLIENT QUESTIONNAIRE - LONG

NOTE TO CLIENT: PLEASE ADD ANY INFORMATION YOU THINK IS IMPORTANT ON ADDITIONAL PAGES

DATE OF COMPLETION OF FORM: _____

DO YOU HAVE ANY DIFFICULTY READING OR WRITING? . _____

1. Personal information

Name: _____

Address: _____

Phone: Home (____) _____ Work (____) _____
Cell (____) _____ Fax (____) _____

Alternate Contact Information

1) Name: _____ Aware of charges? _____

Their Contact Information: _____

2) Name: _____ Aware of charges? _____

Their contact information: _____

Employer: _____

Job title: _____

Date of birth: _____ Age: _____ Height: _____ Weight: _____ lbs.

SSN: _____ Hair color: _____ Eye Color: _____

Marital status: _____

Children: _____ Names & Ages: _____

Military service: YES NO Branch of service: _____

Date of entry: _____ Date of discharge: _____

Highest rank: _____ Medals or Honors: _____

U.S. Citizen? YES NO D.L. #: _____

Licensed pilot? YES NO D.L. Class: _____ State: _____

Endorsements: _____

Restrictions: _____

Professional license(s): _____

Travel plans (Dates unavailable for court): _____

Where do you normally keep your driver's license? . _____

Do you ordinarily have difficulty removing it from your purse, billfold, wallet, pocket? YES NO

At the time of your arrest, did the officer ask to see your driver's license? YES NO

If so, describe what you did and how much time it took you to produce your license: _____

Please attach a copy of your resume to this completed form, listing all your education, as well as past employment, including job descriptions, for the last 10 years.

Educational background (please list every school you have attended and the dates you attended

there, including elementary, high school, trade school, vocational school, special school, college, university, etc.): _____

Please list all involvement with local charities or community organizations:

2. Arrest information

Date of arrest: _____ Next court date: _____

Arresting officer: _____ Arresting agency: _____

Bonding company: _____

Warrant No.	Charge	Bond	Code§
Warrant No.	Charge	Bond	Code§
Warrant No.	Charge	Bond	Code§
Warrant No.	Charge	Bond	Code§
Warrant No.	Charge	Bond	Code§
Warrant No.	Charge	Bond	Code§

3. Other offense information

If you were charged with any traffic offenses or crimes other than DUI, give the following information on EACH separate offense:

Offense 1: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you:

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Offense 2: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you: _____

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Offense 3: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you:

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Hours served before making bond: _____

4. Arrest history

Prior arrests, convictions, or diversions:

Charge	County	Attorney	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other prior traffic violations for the past 3 years: _____

Automobile accidents where you were driving in the last 12 months? YES NO

Five years before that? YES NO

Please attach (on separate pages) a narrative of the events of that day, the events leading up to your arrest, and the actual arrest.

5. Information about vehicle driven at time of arrest

Liability Insurance on date of arrest? YES NO

Insurance Co. (not sales agent): _____

Policy Number: _____

Policy period at the time of your arrest: From: _____ To _____

Did you own the vehicle you were driving? YES NO

If not, who did? _____

If you were not the owner of the vehicle you were driving at the time of arrest, did you have liability insurance on another vehicle on the date of your arrest? YES NO

Policy Number: _____

Insurance Co. (not sales agent): _____

Policy period at the time of your arrest: From: _____ To _____

If you did not have insurance at the time of your arrest, have you purchased it since?

YES NO

If yes, please provide:

Policy Number: _____

Insurance Co. (not sales agent): _____

Policy period at the time of your arrest: From: _____ To _____

Vehicle Identification No. (VIN): _____

Year _____ Make (e.g. Ford) _____ Model (e.g. Taurus) _____

What are your current automobile insurance rates (per year)? _____

Have you investigated the cost of insurance in the event of a DUI conviction? YES NO Please provide a copy of the declaration page of your insurance policy when you return this form.

6. Medical information

Often one's medical condition can mimic intoxication and may affect one's performance with the police. Please complete each question fully and completely. An omission can adversely affect the outcome of your case.

If you have sought medical treatment for any physical or psychological condition, please list them below in chronological order from oldest to most recent. Obtain a copy of these medical records for treatment in the past 10 years and provide me with a copy of those records.

Date	Symptom	Diagnosis	Lead Physician

Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician

Have you been hospitalized at any medical facility? YES NO

If so, please list the most recent facility and date(s), as well as the reason for the hospitalization:

When was the last time you were examined by a medical care provider (physician, nurse practitioner, chiropractor, etc.) other than for a scheduled checkup? _____

What was the purpose of the visit? _____

What was the diagnosis? _____

(Add additional pages if necessary)

Are you currently under the care of a doctor? _____ For what? _____

Were you taking any medication or drugs at the time such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills, etc.? List all medications taken within 24 hours of your arrest (prescription and non-prescription). Include type, dosage, and time you took the medication - in particular whether you took aspirin, ibuprofen, Zantac® or Tagamet®:

What effect does the medication have on you?

Were you warned by your doctor, pharmacists, or nurse, of any side effects of the medication?

Do you have any physical disability which would cause imperfect balance, or any injuries that would cause you to look like you were intoxicated? _____

Do you have a speech impediment or have you attended speech therapy classes?

Was your stomach upset at the time of arrest? YES NO

Upset stomach, stomach disorder, burping or belching? _____

Do you suffer from gastroesophageal reflux disease (GERD)? _____

Do you suffer from non-alcoholic steatohepatitis (NASH), fatty liver, or any other liver condition/ disease or liver enzyme abnormality? _____

Do you suffer from any eye diseases or disorders? _____

Were you wearing corrective lenses at the time of your arrest: _____

If so, describe: _____

If contact lenses, were they hard or soft? _____

Diabetes? _____

Dyslexia? _____

Anxiety Disorder? _____

List any and all other ailments - Starting with your head and working your way down, list all ailments, surgeries, medical conditions from which you now suffer or did suffer on the date of your arrest:

When did you last see your dentist? _____

From what dental ailments do you suffer?

Do you wear dentures/false teeth/braces/other orthodontics or use a retainer? YES

NO

Explain:

Do you have any learning disability? YES NO Explain:

Have you been diagnosed with Attention Deficit Disorder (ADD or ADHD)? YES

NO

If so, please list diagnosing physician and date of diagnosis: _____

Have you been prescribed any medication(s) for treatment of ADD or ADHD? YES

NO If so, please list the medication and dosage, prescribing physician name and phone number:

Had you taken your ADD/ADHD medication as prescribed on the date of your arrest?

YES NO

Have you been diagnosed with any learning disabilities? YES NO

If so, please explain: _____

Do you have any difficulties with coordination or balance? YES NO

Explain: _____

Do you have:

Heart disease? YES NO

How many hours had you worked prior to the arrest? _____

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

How much sleep do you normally require each night? _____

Do you suffer from any sleep disorders? YES NO

If so, list the disorder and the diagnosing physician and date of diagnosis: _____

After having been arrested for an offense such as yours, most people feel "down" or "depressed." That is a natural feeling. If we accept your case, we will do whatever we reasonably can to alleviate your fears, but we are not skilled or trained in the field of psychology. However, it is still important for us to know how you are feeling since your arrest. Please check all of the following that apply:

_____ Loss of concentration	_____ Upset stomach, nausea, vomiting
_____ Loss of weight	_____ Diarrhea
_____ Loss of sexual appetite	_____ Flashbacks of arrest and going to jail
_____ Loss of appetite	_____ Thoughts of suicide
_____ Eating excessively	_____ Heightened awareness of surroundings
_____ Quit drinking	_____ Easily startled or scared
_____ Increasing drinking	_____ Other
_____ Crying or weeping inappropriately	_____

Do you currently smoke? YES NO

Do you smoke cigarettes cigars pipe other Describe: _____

How long have you been a smoker? _____

If you do not currently smoke, have you been a smoker in the past? YES

NO

How long did you smoke and when did you stop smoking? _____

Had you smoked within 24 hours of your arrest? YES NO

Do you use chewing tobacco? _____

When last used prior to arrest: _____ Type: _____

Presently receiving worker's compensation or unemployment benefits? YES

NO

Any prior organized sport participation or lack thereof may be beneficial to your defense. This is particularly important if you sustained any injuries while playing sports; therefore, please detail any injuries below.

Name of sport: _____

Position played: _____

Where/when played: _____

Injuries sustained: _____

Exercise regularly? YES NO

Type of exercise: _____

Frequency of exercise: _____

Additional comments on sports and/or exercise: _____

7. Questions specific to female clients:

(Answer these questions only if you took a chemical test for intoxication such as breath, urine or blood.)

Do you take birth control pills? YES NO

Brand name: _____

Dosage: _____

How long have you been on this medication? _____

At the time of the arrest, were you having your period? _____

If you were having your period and you believe that may have interfered with your ability to perform field sobriety tests, please explain: _____

At the time of my arrest, I was suffering from what is commonly referred to as "PMS." YES NO

My spouse or parent IS IS NOT the dominant person in our relationship.

I Q WAS WAS NOT afraid during the encounter with the police.

Describe your reaction (heart pounding, dizzy, dry mouth, etc.) _____

Were you wearing heels on your shoes? YES NO

If so, how high were the heels? (please measure) _____

8. Alcohol/drug history

Have you ever undergone alcohol or drug counseling? YES NO

If so, list details and provide name and telephone number of counselor or health care provider:

Do you believe that you presently have an alcohol or drug problem? YES NO

Would you like assistance in obtaining counseling or inpatient care? YES NO

Prior Drug Use:

I have used the following drugs in my lifetime:

_____ Heroin
_____ "Crack"
_____ Cocaine
_____ Marijuana
_____ Amphetamines
_____ Barbiturates
_____ Ecstasy
_____ Amyl Nitrate ("Poppers" or "Snappers")
_____ Inhalants

My favorite alcoholic beverage is _____

I first used alcohol when I was _____ years old.

I drink because _____

How much alcohol does it take for you to feel the effect? _____

Alcohol affects me in the following way(s): _____

How much is "too much" alcohol for you? _____

Have you ever been intoxicated? YES NO

Approximately how many times? _____

When was the last time? _____

Have you ever been to Alcoholics Anonymous? YES NO

How frequently do you consume alcohol? _____

How much do you normally drink when you are drinking?

How does that quantity usually affect you and your judgment? _____

Have you ever been criticized by a friend or family member for drinking too much? YES NO

9. Eating, drinking, and alcohol consumption on day of arrest

What did you have to eat in the 12 hour period prior to arrest? _____

When did you start drinking, where were you drinking, and in whose company were you at the time? (list all names, phone numbers, and addresses) _____

Are you aware of any people willing to testify that you were not under the influence?

YES NO

List Names & Phone Numbers: _____

Describe how you felt generally during the day of your arrest: _____

List the times you consumed each drink on the day you were arrested, of drink. the location, type and size

Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink

Did you consider yourself to be under the influence of an alcoholic beverage at the time of your arrest? YES NO

At any time before or after you were arrested? YES NO

Did the drinks affect your driving? YES NO

Did you work and/or exercise during the time you were drinking? YES NO

Explain: _____

10. Vehicle & driving conditions

Why were you stopped, if you know? Explain driving action: _____

Vehicle owner: _____

The vehicle you were driving at the time of your arrest was (List year, make model):

Approximately how many miles were on the vehicle at the time of the arrest? ____

Approximately how long had you driven this vehicle yourself before the date of your arrest? (i.e. six months, two years, etc.) _____

With what frequency did you drive the vehicle prior to the arrest? (i.e. once per week, etc)

Please list the extent of use your vehicle is used to perform employment duties:

Are you the primary driver in your household? YES NO

List any defects (mechanical or otherwise) in your car? _____

Please indicate any mechanical parts of the vehicle that were not operating correctly at the time of your arrest:

_____ Accelerator	_____ Fuel Level Indicator
_____ Air Conditioner	_____ Heater
_____ Alignment	_____ Ignition
_____ Brakes	_____ Lights
_____ CD player/Cell Phone	_____ Linkage
_____ Clutch	_____ Steering
_____ Defroster	_____ Sunroof
_____ Electric window	_____ Turn Indicator

_____ Fluid Level

_____ Window

What type of tires, including manufacturer name, were on your vehicle at the time of your arrest?

Approximately how many miles were on these tires at the time of your arrest? _____

Weather & Road Conditions (circle all that apply):

Rain	Snow	Sleet	Hail	Fog
Dark	Light	Wet	Dry	Slippery
Blacktop	Pavement		Gravel	Other _____

Approximate temperature: _____

Were there any other factors that may have affected your driving? _____

11. The offense

Date/time/place of arrest: _____

Number of police officers present throughout the arrest, their names, and the color of their uniforms? _____

Arresting Officer's Name: _____ Police Department:.

Do you speak English fluently? YES NO

Do you believe that the officer's language or accent caused any problems in you being able to understand him/her? Y E S N O

Do you believe that your language or accent caused any problems in the officer being able to understand you? YES NO

What did you first say to the police? _____

What did they say to you?. _____

What conversation did you have with the officer(s) during the ride to the station, and at the jail?

At any time did you ask to speak with an attorney? _____

If so, what was the officer's response? _____

Did you tell the officer you had been drinking? YES NO

If so, what exactly did you say? _____

Were there any passengers in the vehicle?. _____

Who? (List names & phone numbers): _____

Were you told you had the right to remain silent, that anything you said could be held against you, that you had the right to an attorney, etc.? _____

At what point in the process? _____

Were you wearing any article of clothing that may have been considered "binding" or restrictive enough to interfere with your ability to perform any of the field sobriety tests?

YES NO

If so, explain: _____

Do you recall any law enforcement officer making any inappropriate sexual remark or gesture?

YES NO

If so, explain: _____

12. Route driven

What route had you taken before arrest (include applicable details of where the stop lights and stop signs were located, how many turns and stops were made, and approximate distance involved)?

Traffic conditions you encountered on roadways prior to being arrested: _____

Traffic control lights? YES NO How many? _____

Working properly? YES NO Weather condition (be specific): _____

County stopped in _____ Street stopped on _____
Describe the facts that you believe caused the officer to stop you. Diagram on another page if helpful. _____

13. Accident

(Complete this section ONLY IF an accident of some type has occurred in connection with your DUI arrest.)

Were you involved in an accident? YES NO

Who called the police or 911 ? _____

One car or more than one car? _____

Describe the accident: _____

Were you inside your vehicle when the officer first arrived on the scene? YES NO
If NO, give details of where you were in relationship to the vehicles:

Did the police officer take your driver's license from you? YES NO

When? _____

After the accident, did you exit the vehicle or leave the immediate area (for any purpose, such as

to call a tow truck, call police, etc.)? YES NO

If so, give details of how long you were gone, where you went, why you left, etc.:

Injuries or death to any other person(s)? (If so, give details on separate sheet) YES NO

Do you recall the circumstances leading up to the accident? YES NO

If so, give details: _____

Give details about what questions were asked of you by the police officer(s) and your answers:

Prior to this case, had you EVER been the driver of a vehicle in which another person (passenger, person(s) in other car, pedestrian(s) were injured or killed? YES NO

If so, give details: _____

Did you hit your head, or break the windshield? _____

Did you call anyone on a cellular phone after the accident? Who? What was said?






Did the officer direct you to drive the car after the accident?

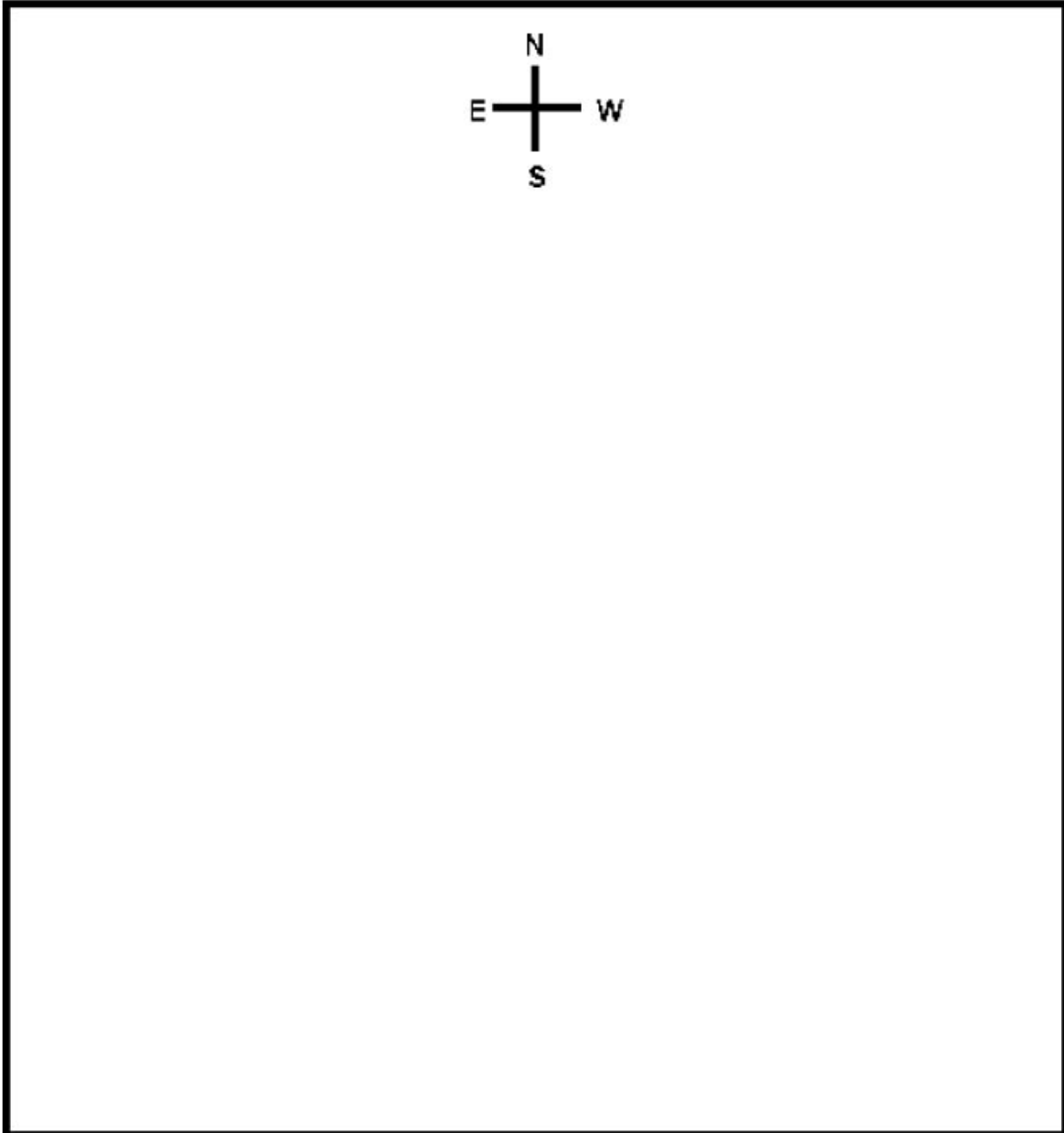
Did the officer ask you if you had anything to drink since the time of the accident? .

Did you have any conversation with the other driver, or with witnesses to the accident? _____

What was said? _____

Please Diagram Accident Below

<u>Indicate Street Names</u>	<u>Indicate Vehicles & Direction</u>	<u>Indicate Traffic Signals & Signs</u>		
				



14. Roadblocks (if applicable)

Was the arrest at a roadblock or license checkpoint? YES NO

How far ahead did you see it? _____

How many other cars were ahead of yours? _____

How long did you wait in line? _____

Were you given any advance notice of the roadblock (was the roadblock well marked and visible)? YES NO

If so, give details: _____

Was there a sign advising of a roadblock? YES NO Lighted sign? YES NO

Flares? YES NO Orange "traffic control" cones? YES NO

How many police cars did you see? ____ Did any have their blue lights on? Q YES

NO

If so, how many? _____

Any traffic cones or flares used at "stop" location or place where you were tested?

How many police officers did you see? _____

Describe the exact wording and actions of the officer who approached your window. _

Did you turn away from the roadblock before reaching it? YES NO

If so, explain: _____

Did the officer charge you with an additional traffic violation when you turned to avoid the roadblock? YES NO

Explain: _____

15. Evidence seized

Was your vehicle towed? YES NO

If so, by whom? Company _____ Driver: _____

Was your vehicle returned to you? YES NO

Was your vehicle searched? YES NO

If so, was anything taken by the police and not returned? YES NO

What was it? _____

Did you know it was there? YES NO

Were you personally searched? YES NO

If so, was anything taken from you and not returned? YES NO

What was it? _____

Did you know it was there? YES NO

16. Field sobriety tests

Did the officer direct you (or "request" you) to perform any coordination or roadside sobriety tests? YES NO

Were you given a choice to refuse them? YES NO

Exactly when (minutes, seconds after getting out of car) were you first requested to (told to) perform these tests?

What was the exact wording used by the officer in making this "request"? _____

Did the officer ask you about your physical limitations or impairments or present illnesses/medications before beginning to "test" you? YES NO

If so, when, what questions were asked and what were your responses? _____

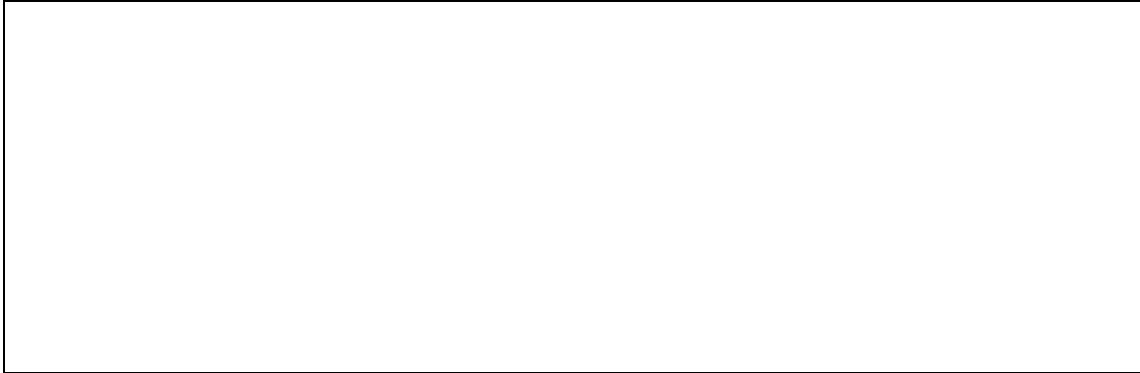
Shoes ON OFF Describe shoes (if wearing any) during field sobriety tests:

Were there any street lights (or other lights) above or near your location to illuminate the area? _____

YES NO _____

Describe the lighting in the area: _____

Where were the lights in relation to tests (including automobile headlights)? _____
(Diagram below)



Did the officer demonstrate the tests for you? YES NO

Did the officer comment on your performance of any test or tests? YES NO

What did he say? _____

Did you refuse to take field sobriety tests? YES
NO

If yes, explain why: _____

If you were unable to perform any test or did not do well on any test, explain why:

Describe the area in which you performed the tests:.

Did the officer ask you to perform an eye test in which you were asked to follow a pen or similar object? _____

Did the officer ask you to stand on one leg? YES NO _____

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to walk a straight line? YES NO _____

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to recite the alphabet? YES NO _____

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to count backwards? YES NO _____

What instructions did the officer give you regarding this test?

How did you perform? _____

Were you requested to take any other field sobriety tests? YES NO _____

If so, describe the test(s) and state how you performed:

Please describe the following conditions at the scene of the field sobriety tests in as much detail as possible:

Surface where tests were performed: _____

Temperature & winds: _____

Possible distractions (traffic, rotating lights, uneven surface, snow, rain, etc.):

Were your passengers permitted to witness the test(s)?

17. Chemical tests in general

Tests Offered by Officer: BLOOD BREATH URINE OTHER (Describe) _____

Tests Given: BLOOD BREATH URINE OTHER (Describe) _____

Tests Refused: ALL BLOOD BREATH URINE OTHER (Describe) _____

Given by: _____ Time Administered: _____

Number of tests given? _____ Results: _____

Did the officer read any document to you? _____

Did the officer personally hand you a copy? _____

Did you receive a copy of the breath test result? _____

Were you told what would happen if you did not take the test? _____

18. Breath test (if applicable)

Did the officer tell you to remove anything from your mouth? _____

Did you have anything in your mouth? _____ What? _____

Did you smoke before taking the test? _____ How soon before the test? _____

Did the officer ask you to inform him/her of any burps, belches, sneezes? _____

Did you belch, hiccup, or sneeze 20 minutes prior to blowing? _____

Prior to the test, for how long would you estimate the officer continuously observed you?

Did the officer have any difficulty operating the machine? _____

Did you request another test? _____ What type of test did you request? _____

Who was present when you requested the second test? _____

Were you allowed to take a second test? _____

What was the result of the breath test? _____

19. Blood test (if applicable)

Where did the officer take you to give the blood sample? _____

Was the blood taken from a vein near your elbow? _____

If not, from where was the blood taken? _____

If so, from which arm was the blood taken? _____

How many vials of blood were taken? _____

Who drew the blood? _____

What was used to clean your skin before the blood was drawn? _____

What happened to the vials after the blood was drawn? _____

20. Implied consent

Were you told that if you refused the test, your license would be revoked, suspended, or

canceled? YES NO

If so, for how long? _____

Where and when did the police read your implied consent warning? _____

At the time of the warning, had you been told that you were under arrest? YES NO
Were you advised that you could contact an attorney before deciding to submit to a test?

YES NO

Were you refused the opportunity to consult with a lawyer before deciding to take the test?

YES NO

If so, please explain: _____

Were you advised that after the officer's test you could take another test by medical personnel of your own choosing? YES NO

At the time that you refused the State's test(s), had the officer(s) done anything to frighten you or said or done anything to offend you to such a degree that you were unwilling to cooperate with

the police? YES NO

If so, explain: _____

Were you suffering any pain, discomfort or other physical or mental impairment which would have justified your refusal of (or explained your refusal of) the State's test(s)? YES NO

If so, explain: _____

21. Actions after arrest

Were you handcuffed? YES NO Front or back? _____

Did that make you angry? YES NO

Did you ask not to be handcuffed? YES NO

Did the handcuffs hurt? YES NO

Were you handcuffed in the presence of other people? YES NO

Did you suffer any numbness, pain or discomfort in your hands or arms? YES NO

Did you complain of pain from handcuffs? YES NO NOT APPLICABLE

Have you sought medical aid about the problem? YES NO

If so, describe: _____

Describe everything that took place in route to the police station or the jail:

Conversations (who said what, when): _____

Were you transported by the officer who stopped you or by someone else?
(provide details)

Did you overhear any radio transmissions to or from the officer while he/she was driving you to the testing site/jail/hospital? YES NO

If yes, what was said? _____

Route taken: _____

Speed of patrol car while you were being transported (if unusual)? _____

Did you ask the transporting officer any questions during the trip? YES NO

If so, what did you ask? _____

Did you ask to go to a rest room? YES NO

Did officer accompany you? YES NO

What did the officer do or say during this time? (whistle, hum, etc.): _____

Were you cooperative with the officer? . _____

If not, describe your behavior:

Form of bond posted: BONDING COMPANY CASH REAL ESTATE
FRIEND FAMILY OTHER

If bonding company, list name of agency: _____

What time did you post bond? . _____

Where? _____

Is the bonding company paid in full? _____

Conversations with bonding agency personnel (or other person seeking to assist you with bond)?

Give details, and with whom. _____

22. Witnesses

Identify by name and phone number all the people who saw you drinking, saw you driving, were with you prior to your arrest or saw you immediately upon your release from jail. Briefly tell what you think they know about the facts of your case. Would they be willing to testify? (Use another page if necessary.)

23. Police report

List any false or exaggerated statements on your police report. Give a detailed explanation:

List any mistakes on your ticket(s): _____

24. Effects of a possible conviction

How would a conviction affect you personally? _____

How would a conviction affect your family (relationship)? _____

How would a DUI conviction affect your employment? _____

Do you ever have to prove "insurability" in order to drive a "company" car? YES

NO Do you ever need to rent a rental car, for personal or business use? YES

NO

If so, would denial of access to rental vehicles affect you or your employment? YES

NO

Explain: _____

Are you involved in any "domestic" (divorce, child custody, etc.) case or judicial dispute that a DUI conviction might affect? YES NO

Explain: _____

If you were convicted of DUI, and the conviction appeared on your credit report, how would this affect you personally? _____

Are you professionally licensed (i.e., teacher, attorney) or specially licensed (i.e., pilot, cab driver, etc.) such that you may lose such license as a result of a conviction? YES

NO

If so, explain: _____

Does your job involve "security clearance" or "top secret" status such that your employer may be unwilling to accept a DUI conviction? YES NO

Are you currently enrolled in college or university, where you may be subject to disciplinary suspension for DUI? YES NO

Do you have a student loan which may be adversely affected by a DUI conviction?

YES NO

If so, explain: _____

Are you presently in military/reserves or planning to join military/reserves? YES NO

If your license is issued by another state, are you aware that there may be additional penalties

and/or insurance assessments if convicted in this state? YES NO

If you have not done so already, would you like to hire a lawyer in your home state with whom we

may confer? YES NO

We recommend doing so. We are not licensed to practice law in your home state and therefore are not familiar with all the laws and consequences that might affect you.

If your case does proceed to a hearing or trial, would you like to have a court reporter present at the trial? YES NO

This is something that I recommend in your case. If you do wish to have a court reporter present, you should expect a fee of approximately \$75.00 per hour without a transcript of the court's proceedings and approximately an additional \$50.00 per hour if a transcript is necessary, although the exact charge is dependent on the number of pages. You can decide after the proceeding if the transcript is necessary.