

**CLIENT INTERVIEW FORM — CONDENSED VERSION**

**DRINKING/DRIVER INTERVIEW CHECKLIST**

**Background**

Date of Arrest: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Arrest: \_\_\_\_\_

What did you say to the police? \_\_\_\_\_ What did they say to you? \_\_\_\_\_

Were Miranda Warnings given to you? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

What had you said prior to the Miranda Warnings? \_\_\_\_\_

Were there any passengers in your vehicle? \_\_\_\_\_ Please Identify: \_\_\_\_\_

Did you make any statements to others? \_\_\_\_\_ When and to whom? \_\_\_\_\_

Were you involved in an accident? \_\_\_\_\_ If so, give details: \_\_\_\_\_

Was your vehicle searched? \_\_\_\_\_ Were you searched? \_\_\_\_\_

Describe any property taken from you or your vehicle:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Testing**

Tests Offered: Blood \_\_\_\_\_ Breath \_\_\_\_\_ Urine \_\_\_\_\_ Other \_\_\_\_\_

Tests Given: Blood \_\_\_\_\_ Breath \_\_\_\_\_ Urine \_\_\_\_\_ Other \_\_\_\_\_

Given by: \_\_\_\_\_ When Administered? \_\_\_\_\_ Time \_\_\_\_\_ Result \_\_\_\_\_

What field sobriety tests were given? \_\_\_\_\_ How did you do? \_\_\_\_\_

Did you consider yourself to be under the influence? \_\_\_\_\_

Describe how alcohol affected your driving? \_\_\_\_\_

When did you start drinking? \_\_\_\_\_ In whose company? \_\_\_\_\_

Describe each drink you had prior to arrest: \_\_\_\_\_

What is your weight and body size? \_\_\_\_\_

Name, address, and phone number for all persons with whom you drank:

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

Would these persons be willing to testify? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you consume any alcohol after your arrest? \_\_\_\_\_ What and when? \_\_\_\_\_

\_\_\_\_\_

### **Medical History**

Are you under the care of a doctor? \_\_\_\_\_ Please identify: \_\_\_\_\_

\_\_\_\_\_

Had you seen a dentist within 24 hours of your arrest? \_\_\_\_\_ Identify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any injuries that would cause you to look intoxicated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you wear false teeth? \_\_\_\_\_ Have diabetes? \_\_\_\_\_ Have heart disease? \_\_\_\_\_

Was your stomach upset at the time of arrest? \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_ Corrective reading: \_\_\_\_\_

How many hours had you worked prior to the arrest? \_\_\_\_\_

### **Condition of Car and Roadway**

Steering mechanism — last date of repair or examination: \_\_\_\_\_

Describe any mechanical defects in your car: \_\_\_\_\_

Weather and Road Conditions:

Blacktop \_\_\_\_\_ Dirt Road \_\_\_\_\_ Other \_\_\_\_\_

Dark \_\_\_\_\_ Light \_\_\_\_\_ Foggy \_\_\_\_\_ Rainy \_\_\_\_\_

Sleet \_\_\_\_\_ Hail \_\_\_\_\_ Snow \_\_\_\_\_ Drizzle \_\_\_\_\_

Slippery \_\_\_\_\_ Normal \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_

### **Implied Consent**

Were you advised that you could take another test? \_\_\_\_\_

Were you advised that you could contact an attorney? \_\_\_\_\_

Were you provided with a private room to call your attorney? \_\_\_\_\_

Name of attorney contacted: \_\_\_\_\_

Were you told that you were under arrest? \_\_\_\_\_