



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 & time of arrest: \_\_\_\_\_ place of arrest: \_\_\_\_\_

Arresting officer, department and badge number: \_\_\_\_\_

All tickets officer wrote you (charges): \_\_\_\_\_

Passengers in the car you were driving:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Distance followed by the police: \_\_\_\_\_

To the best of your knowledge would these people be willing to testify if called to testify at a hearing or trial on your behalf: \_\_\_\_\_ yes \_\_\_\_\_ no

Briefly describe the facts leading up to your arrest that is, why do you feel you were stopped? What reason did the officer give you? \_\_\_\_\_

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

How were you dressed at the time of arrest: \_\_\_\_\_

Anything unusual or different about your appearance at that time? \_\_\_\_\_

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? (e.g. right to an attorney, right to remain silent, etc.)?

\_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Did you make any statements before being read your rights? \_\_\_\_\_, what, when and to whom? \_\_\_\_\_

Any statements made by you to others after being read your rights? (\_\_\_\_) yes (\_\_\_\_) no

When, when and to whom? \_\_\_\_\_

Was vehicle searched? \_\_\_\_\_ Property taken from vehicle \_\_\_\_\_

Were you searched? \_\_\_\_\_ Property taken from you \_\_\_\_\_

Did an accident occur? \_\_\_\_\_ If so, list details: \_\_\_\_\_

\_\_\_\_\_

### 3. FIELD SOBRIETY TESTS

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

\_\_\_\_\_ If so, did you perform these tests? \_\_\_\_\_

How long after you stopped driving? \_\_\_\_\_

When and where did you perform these tests? \_\_\_\_\_

Was test at the scene of arrest given on a level area? \_\_\_\_\_

What type of surface? \_\_\_\_\_

What were the lighting conditions at the arrest scene? \_\_\_\_\_

Were the tests administered near passing cars? \_\_\_\_\_

Which of the following do you recall performing:

finger-to-nose ( ) walk-the-line ( ) one-legged stand ( ) ABC's ( )

balance ( ) follow pen with 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? \_\_\_\_\_

Did the officer 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? If yes, when and where? \_\_\_\_\_

Did you ever blow into a hand-held breath test 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 beverages at the time of your arrest? \_\_\_\_\_ Did the drinks you had affect your driving? \_\_\_\_\_

Alcohol & 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 (if none put none) \_\_\_\_\_ Time: \_\_\_\_\_

Quantity \_\_\_\_\_ Type: \_\_\_\_\_

Next alcohol (if none put none) \_\_\_\_\_ 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? \_\_\_\_\_ What is your weight? \_\_\_\_\_

When did you start drinking? \_\_\_\_\_

Provide the name, address and telephone number of all persons with you drinking at 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 the behalf? ( ) yes ( ) no

#### 5. YOUR MEDICAL CONDITION AT THE TIME OF ARREST

Were you under the care of a doctor at the time of your arrest? \_\_\_\_\_ If yes, please give name, address and telephone number of doctor.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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 your 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-Non, 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? \_\_\_\_\_

If 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 \_\_\_\_\_ other \_\_\_\_\_ dark \_\_\_\_\_ dry \_\_\_\_\_ light \_\_\_\_\_

Foggy \_\_\_\_\_ normal \_\_\_\_\_ rainy \_\_\_\_\_ sleet \_\_\_\_\_ hail \_\_\_\_\_ snow \_\_\_\_\_

Drizzle \_\_\_\_\_ slippery \_\_\_\_\_ wet \_\_\_\_\_

Was your car towed after your arrest? \_\_\_\_\_

If released to whom was it released? \_\_\_\_\_

#### 7. ALCOHOL TESTS (BREATH/BLOOD/URINE)

Were you read an (implied consent) advisory concerning the officer's request for a breath and/or urine test? \_\_\_\_\_

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

Where were you at the time this 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? \_\_\_\_ If so what kind \_\_\_\_\_

If you submitted to a breath test, did the testing officer "observe" you (i.e. no leave the room or turn away) for at least twenty minutes prior to testing? \_\_\_\_\_

Did you hear any police radio transmissions on any walkie-talkie during the time you were being given the breath test? \_\_\_\_\_

Results of test(s) if you know: \_\_\_\_\_

#### FEE ARRANGEMENT

ORIGINATING ATTORNEY: \_\_\_\_\_ RESPONSIBLE ATTORNEY: \_\_\_\_\_

Retainer: \_\_\_\_\_ Flat Fee: \_\_\_\_\_

Amount Paid on Account: \_\_\_\_\_ Amount to be paid: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I agree to the above fee arrangement.

BY: \_\_\_\_\_