

DUI INFORMATION SHEET

Name: _____ Date: _____

Address: _____

Home telephone number: _____ Cell telephone number: _____

e-mail address: _____

Your class of license: _____ State where licensed? _____

Do you have a CDL license? _____ If yes, class of license? _____ why? _____

Did the officer confiscate your license? (Yes or No) _____

Prior Criminal Record: _____

Any prior DUIs? _____ If yes, date: _____ Actual charge: _____

Location (County and State): _____

Disposition: _____

Arrest for other charges _____

Prior Driving Record: _____

Have you ever had a withheld judgment? _____

What did you do during the ten (10) hours prior to the time you started drinking: _____

Date of this incident: _____

When did you eat last prior to being stopped? _____

Are you on a special diet? _____ Yes _____ No. If yes, what? _____

Time started drinking: _____

Location drinking: _____

What were you drinking? _____

Time of last drink? _____

Total drinks: _____

Time of stop: _____

Location of stop: _____

What law enforcement agency stopped you e.g. State Police, County Sheriff, or City Police? (specify name of agency): _____

STOP BY OFFICER

Reason officer gave for stop? _____

Do you agree with that reason? _____

Immediately prior to the stop, was there anything mechanically wrong with your vehicle? _____
If yes, what? _____

Was there any law violation justifying the stop? _____ If yes, what? _____

In general terms, what happened after the officer stopped you? _____

Please indicate which of the following field sobriety tests were given and the order given by putting 1, 2, 3 in front of the appropriate test (**and describe briefly how you did on the test and any adverse conditions; e.g. flashing lights, slope of ground, weather conditions, passing traffic, interruptions and the like**)

____ Horizontal gaze nystagmus test (eye test)
How did you perform on test? _____
Adverse conditions: _____

____ Walk and Turn
How did you perform on test? _____
Adverse conditions: _____

____ One leg stand
How did you perform on test? _____
Adverse conditions: _____

____ Alphabet
How did you perform on test? _____
Adverse conditions: _____

____ Counting test
How did you perform on test? _____
Adverse conditions: _____

____ Other tests: _____
How did you perform on test? _____
Adverse conditions: _____

Anything else happen at the scene that they consider significant? _____

Any questions asked at the scene? _____ If so, what? _____

Were you given the Miranda warnings at the scene? _____ If yes, when? _____

Did you ask for a lawyer at any time? _____

If so, at what point? _____

AT ANNEX

What kind of test were you given (breath, blood, or urine)? _____

If no test was given, please state the reason you refused: _____

IF BREATH TEST:

- a. How long were you observed prior to the test? _____
- b. Did you have anything in your mouth (gum, chew, tongue ring)? _____
- c. Did the officer check your mouth? _____
- d. Do you remembering burping or belching before test? _____
- e. Anything unusual happen with respect to the breath test? _____
- f. Did the officer have any trouble programming it? _____. If so, please describe _____
- g. How many officers were in the room when the breath test was administered? _____
- h. Did the officer ask you if you had any exposure to paints, glues, solvents or consumed any alcohol of solvent other than ethyl alcohol? _____
If yes, what did you tell the officer? _____
Was that answer correct? _____
If no, how would you have answered the question? _____
- i. Test results: _____

IF BLOOD TEST:

- a. Do you know who gave the blood test (usually a phlebotomist)? _____
- b. How long after the arrest was the blood test administered? _____
- c. Do you know whether or not the viles were inverted? In other words, rolled over? I particularly want to know if they were not. _____

Did the officer ask you any questions at the Annex? (Yes or No) _____ If yes, what did he ask you and what did you tell him? _____

Were Miranda warnings given at the annex? (Yes or No) _____ If yes, did you waive your Miranda rights? (Yes or No) _____

GENERAL HISTORY

Any physical defects or limitations that affect their balance, speech or dexterity? _____ If so, what? _____

On _____ date of incident? _____ Under doctor's care? _____ What it was? _____ How it affects you. _____

Do you have a hiatal hernia? _____ Do you have acid reflux? _____

Were you taking any drugs or medications? _____ If so, what? _____

Are there any warnings with respect to the use of medication with alcohol? _____

Any diabetes in family? _____ If so, who? _____ Have you ever been checked for diabetes? _____

Do you have false teeth or plates? _____

Do you believe that you were under the influence? **Yes** _____ **No** _____

Do you believe that you were drunk? **Yes** _____ **No** _____

Do you believe that your operation of the vehicle was affected by the alcohol that you consumed?
Yes _____ **No** _____

What would you like to see happen with respect to the pending charge? (Dismissed, reduced, etc.)

We need the people, who would have seen you drinking or who had contact with you at any time before or within a reasonable period of time after the arrest to establish things as it relates to your drinking and sobriety? Please list the name(s), address(es) and telephone number(s) of all witnesses.

Did you spend any time in jail? (Yes or No) _____. If yes, how much time? _____