

**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. Virginia 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 JAIL**

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 Jail? (Yes or No) \_\_\_\_\_ If yes, what did he ask you and what did you tell him? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were Miranda warnings given at Jail? (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? \_\_\_\_\_

**\*FOLLOWING INFORMATION TO BE FILLED OUT BY ATTORNEY\***

**Fee arrangement:** \_\_\_\_\_

**Time: Office Conference with client -** \_\_\_\_\_

**CHECKLIST**

<b>Date done</b>	<b>DOCUMENT</b>
	Fee Arrangement Letter
	Written Plea of Not Guilty
	Verbal Request for Discovery ( <i>if City case</i> )
	Written Request for Discovery ( <i>if County case</i> )
	Request for Hearing ( <b>if Refusal case</b> )
	Request for ALS Hearing ( <b>if Breath test/blood test</b> )
	Request for video/audio tape ( <b>City/LPD letter; County/letter to prosecutor</b> )
	Preparation of pretrial motions ( <b>and formal RFD if City case</b> )
	Preparation of jury instructions