

D.U.I. QUESTIONNAIRE

Start preparing now for our attorney/client meeting by completing the following D.U.I. Questionnaire and bringing it to your first office visit.

A. PERSONAL INFORMATION:

FIRST NAME:

LAST NAME:

SOCIAL SECURITY NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

CELL PHONE:

OTHER PHONE:

HEIGHT:

WEIGHT:

AGE:

DATE OF BIRTH:

PLACE OF BIRTH:

U.S. CITIZEN Yes No

MILITARY Yes No

EDUCATION:

OCCUPATION:

MARITAL STATUS:

CHILDREN YES NO; IF YES, HOW MANY _____

DO YOU HAVE A VALID DRIVER'S LICENSE Yes No

WAS IT VALID AT THE TIME OF YOUR ARREST: Yes No

DO YOU HAVE A COMMERCIAL LICENSE: Yes No

DO YOU REQUIRE A LICENSE FOR WORK PURPOSES: Yes No

B. PRIOR ARRESTS AND/OR CONVICTIONS:

THIS IS YOUR FIRST DUI ARREST: Yes No

IF YOU HAVE HAD PRIOR DUI ARRESTS, PLEASE LIST THEM ON A SEPARATE SHEET OF PAPER.

ARE YOU CURRENTLY ON PROBATION: Yes No

IF YES, EXPLAIN:

C. CURRENT DUI:

WHAT WAS THE DATE OF YOUR DUI ARREST:

WHAT WAS THE TIME OF YOUR DUI ARREST:

WHERE WAS YOUR AUTOMOBILE PULLED OVER WHEN YOU WERE DETAINED:

WHAT TRAFFIC CITATIONS WERE ISSUED WITH YOUR ARREST:

SPEEDING

DRIVING WHILE LICENSE SUSPENDED

LICENSE NOT IN POSSESSION

FAILURE TO MAINTAIN A SINGLE LANE

ILLEGAL U-TURN

OPEN CONTAINER

DISOBEYING A TRAFFIC CONTROL DEVICE SUCH AS A STOP SIGN OR A RED LIGHT

DEFECTIVE EQUIPMENT

NO PROOF OF INSURANCE

UNSAFE EQUIPMENT

BURNED OUT TAIL LAMP

ACCIDENT

FAILURE TO CONFORM TO UNSAFE CONDITIONS

OTHER

WHAT DID THE OFFICER SAY WHEN YOU WERE PULLED OVER:

WHY WERE YOU DETAINED:

IF THERE WAS AN ACCIDENT, WAS ANYONE INJURED, INCLUDING YOURSELF, OR PASSENGERS IN YOUR VEHICLE, OR PASSENGERS IN ANY OTHER VEHICLE, AND/OR ANY PEDESTRIANS:

WERE YOU STOPPED BY A ROADBLOCK: YES NO

IF SO, WERE YOU PULLED OVER WHILE ATTEMPTING TO TURN AROUND AND AVOID THE ROADBLOCK? YES NO

DID YOU PERFORM FIELD SOBRIETY TESTS ON THE NIGHT OF YOUR ARREST?
 YES NO

IF SO, WERE THESE EXERCISES DONE AT THE SCENE WHERE YOU WERE PULLED OVER OR AT THE BLOOD ALCOHOL TESTING FACILITY?

DID YOU TAKE A BREATH TEST: YES NO

DID ANY OFFICER INFORM YOU OF THE CONSEQUENCES FOR NOT TAKING THE BREATH TEST: YES NO

DID YOU PROVIDE A URINE SAMPLE: YES NO

DID YOU PROVIDE A BLOOD SAMPLE FOR TESTING: YES NO

DID YOU REQUEST AN INDEPENDENT BLOOD TEST? YES NO

IF SO, WERE YOU PERMITTED TO PROVIDE A BLOOD SAMPLE FOR INDEPENDENT TESTING? ___ YES ___ NO

WERE YOU INFORMED OF THE RESULTS OF ANY BREATH, BLOOD OR URINE TESTS? ___ YES ___ NO

IF SO, WHAT WERE THOSE RESULTS?

WHAT WAS THE NAME OF THE OFFICER WHO ARRESTED YOU?

WHAT WERE THE NAMES OF ANY OF THE OFFICERS AT THE LOCATION OF YOUR ARREST?

ARE THERE ANY WITNESSES THAT WERE WITH YOU IN THE HOURS PRECEDING YOUR ARREST? ___ YES ___ NO

CAN THEY TRUTHFULLY TESTIFY TO HOW LITTLE, IF ANYTHING, YOU HAD TO DRINK PRIOR TO YOUR ARREST? ___ YES ___ NO

IF SO, PLEASE PROVIDE ALL NAMES AND CONTACT INFORMATION INCLUDING WHAT EACH WITNESS MAY TESTIFY TO IF CALLED TO DO SO:

D. PHYSICAL CONDITION AT TIME OF ARREST:

HAD YOU EATEN PRIOR TO YOUR ARREST? ___ YES ___ NO
IF, AT WHAT TIME:

WHAT DID YOU EAT:

DID YOU HAVE ANYTHING TO DRINK PRIOR TO YOUR ARREST? ___ YES ___ NO

IF SO, WHAT TIME DID YOU DRINK ALCOHOL:

WHAT DID YOU HAVE TO DRINK:

HOW MUCH DID YOU HAVE TO DRINK:

E. MEDICAL CONDITION AT TIME OF ARREST:

DO YOU HAVE A PHYSICAL DISABILITY? ___ YES ___ NO

IF SO, PLEASE EXPLAIN DISABILITY:

AT THE TIME OF YOUR ARREST, WERE YOU UNDER THE INFLUENCE OF ANY MEDICATIONS (INCLUDING OVER THE COUNTER DRUGS): ___ YES ___ NO

IF SO, WHAT MEDICATIONS?

DO YOU HAVE ANY FORM OF SPEECH IMPEDIMENT? ___ YES ___ NO
DESCRIBE:

WERE YOU SUFFERING FROM AN UPSET STOMACH AT THE TIME OF YOUR
ARREST: ___ YES ___ NO

DO YOU WEAR GLASSES OR CONTACT LENSES? ___ YES ___ NO

HOW MANY HOURS PRIOR TO YOUR ARREST HAD YOU GOTTEN ANY MEANINGFUL
SLEEP?

PLEASE EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT MAY HAVE LEAD TO
YOUR BEING FATIGUED ON THE NIGHT OF YOUR ARREST:

F. CONDITION OF AUTOMOBILE AT THE TIME OF ARREST:

WHAT WAS THE MAKE, MODEL AND COLOR OF THE AUTOMOBILE YOU WERE
DRIVING AT THE TIME OF YOUR ARREST?

WERE THERE ANY MECHANICAL PROBLEMS WITH THE AUTOMOBILE THAT YOU
WERE DRIVING ON THE NIGHT OF YOUR ARREST, INCLUDING, BUT NOT LIMITED
TO IMPROPER ALIGNMENT, IMPROPER INFLATION OF TIRES, BRAKE PROBLEMS,
HEAD LAMP OR TAIL LAMP MALFUNCTIONING, OR OTHER:

WHEN WAS THE LAST TIME THIS AUTOMOBILE HAD BEEN SERVICED?

WHAT WAS THE LOCATION AND CONTACT INFORMATION OF THE MECHANIC
WHO SERVICED THIS AUTOMOBILE?

**G. WHAT WERE THE WEATHER AND ROAD CONDITIONS AT THE TIME OF
ARREST:**

WAS IT WINDY AT THE TIME OF YOUR ARREST? ___ YES ___ NO; MODERATE,
MEDIUM OR HEAVY?

WAS IT RAINING AT THE TIME OF YOUR ARREST? ___ YES ___ NO; MODERATE,
MEDIUM OR HEAVY?

HOW LONG HAD IT BEEN RAINING PRIOR TO YOUR BEING PULLED OVER AND/OR
DETAINED?

H. PLEASE INDICATE IF THERE IS ANYTHING ABOUT YOUR DUI ARREST THAT HAS NOT BEEN COVERED IN THE ABOVE DUI QUESTIONNAIRE:

PLEASE RETAIN THE ANSWERS TO THE ABOVE QUESTIONS
IN A SAFE PLACE. DO NOT SHARE THE ANSWERS WITH ANYONE.
BRING THE COMPLETED PAGES WITH YOU TO YOUR FIRST
CONSULTATION WITH OUR OFFICE.

**BROWARD: 954-523-5333 or DADE: 305-252-9888
TO SCHEDULE AND APPOINTMENT**