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## DUI CLIENT QUESTIONNAIRE

Today's Date

### Basic Information

Full Name

Address

Phone (cell)

Phone (alternate)

Email

Ok to use

Yes  No

Employer

Employer Address

Your Social Security No.

Date of Birth

Driver's License No.

State of Issue

Do you have a Commercial Driver's License (CDL)?

Yes  No

Have you had driver's licenses in other states?

Yes  No

If so, list the state and time period in which you were previously licensed

Where were you born?

How were you referred to the Angles Law Firm, LLC?

- Individual    Attorney    Internet Site    Other (Please Explain)

What is your preferred method of payment?

- Check    Cash    Visa    Mastercard    Discover    American Express

## DUI/DWI INFORMATION

Details win DUI cases. The only way to have a viable chance at being successful in your case is if

we know as much detail as possible on the following questions. If you don't know the answer to a question, leave it blank or indicate so. Please be assured that this questionnaire will be used in our office only, and your confidentiality will be protected.

Have you ever been arrested for a DUI or DWI before?

- Yes    No

For each arrest list the approximate date and the outcome of the case (including pending cases, diversions, dismissals, convictions, etc.)

A

B

C

D

Please list all prior arrests of any kind, including the approximate date of diversion, conviction, or dismissal  
(also, please list any pending cases)

A

B

C

D

Were you on diversion or probation at the time of your arrest in this matter?

Yes  No

Where and for what?

Date of this DUI arrest

Court date

Court Time

Name of city in which you were arrested

Exact location of arrest

Arrested by

- City Police    Sheriff's Deputy    Highway Patrol

What other citations were issued (speeding, driving while suspended, etc)

Were you involved in an accident?

- Yes    No

Was anyone injured?

- Yes    No

What did the officer say he stopped you for?

Did the officer ask you to take field sobriety tests?

- Yes    No

Did the officer have you follow a pen or other instrument with your eyes?

- Yes    No

Did you...

- Pass    Fail    I Don't Know

Did the officer have you stand on one leg?

Yes  No

Did you...

Pass  Fail  I Don't Know

Did the officer have you walk a line heel-to-toe?

Yes  No

Did you...

Pass  Fail  I Don't Know

Did the officer have you say the alphabet?

Yes  No

Did the officer have you count numbers?

Yes  No

Backwards?

Yes  No

Please list any other field tests given

Did the officer have you blow into a hand-held breath machine?

Yes  No

What were the results?

Did the officer tell you that you could refuse to blow into that machine?

Yes  No

Were you handcuffed?

Yes  No

Did the officer ever read you your rights  
(i.e the right to remain silent, anything you say could be used against you, right to  
an attorney)?

Yes  No

When?

Did the officer ever read you a list of rights about chemical testing to determine  
your blood or breath alcohol

Yes  No

Did the officer make you wait 15-20 minutes before taking the test?

Yes  No

Did the officer ever leave you alone during this 15-20 minute period?

Yes  No

Where were you during this time period (in cop car, in a cell, at a desk, etc)?

Did you cough, belch, regurgitate or put anything in your mouth during this 15-20  
minute period?

Yes  No

Did you submit to a test of your

Breath  Blood  Urine  Neither

Did you ask the officer if you could take a test other than the test offered?

Yes  No

If you asked for an alternate test, what was the officer's reply or reaction?

If you refused, did you tell the officer why you refused?

Yes  No

Explain:

Did the officer ever look inside your mouth?

Yes  No

Did you have anything inside your mouth?

Yes  No

Do you have gum disease or problems with bleeding in your mouth?

Yes  No

Were you wearing contacts at the time of arrest?

Yes  No

Have you ever had surgery?

Yes  No

If so, when and for what?

Please list any and all physical illnesses, impairments or disabilities you had at the time of arrest (including trouble with knees, ankles, back, or illness such as a cold,

allergies, diabetes, or asthma)

Please list any and all learning disabilities, mental illnesses or disorders you suffered from at the time of your arrest (including Attention Deficit Disorder, manic depression, schizophrenia, etc)

What and when had you eaten on the date of your arrest?

How long prior to the test had it been since you had an alcoholic drink?

What medications were you taking at the time of arrest?

What specifically do you do at your job?

Do you work around any solvents or chemicals (i.e. paint, paint thinner, gasoline, etc)?

Yes  No

Please list any persons, and their contact information, who were with you at or just prior to the time of your arrest.

Do you suffer from acid reflux, GERD, or other similar problems?

Yes  No

Do you use your car during the course of your employment?

Yes  No

How many miles per month do you drive for work?

How many miles per month do you drive total?

Which defenses, if any, do you think you may have?

List your main concerns going forward.

Please list any other facts that you believe may be important, including what the officer said to you, how he or she treated you, and anything else that could be useful in defending your case or that you think we should know.

I understand no attorney-client relationship is formed by submitting this form. I understand this form is confidential and will be reviewed by the Angles Law Firm, LLC only.