

FORCIER LAW OFFICE, P.L.L.C.

OWI CLIENT QUESTIONNAIRE

Today's Date: _____

PERSONAL INFORMATION

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: _____

Address: _____

May we contact you at work? _____ May we contact you by e-mail? _____

Preferred contact method: _____

DOB: _____ Driver's License No. and State: _____

Occupation: _____ Place of Employment: _____

Length of Employment: _____ Extent of Education: _____

Vehicle License No.: _____ Commercial Driver's License? _____ License Restrictions: _____

Are you currently on probation or parole? _____ PO: _____

Prior Criminal Record: _____

Offense: _____ Date: _____ Sentence imposed: _____

Were you represented by an attorney? _____

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OFFENSE INFORMATION

The following information is for the attorney's use only and is subject to the attorney-client privilege and will remain strictly confidential and will not be redistributed to anyone. Please answer each question truthfully as important decisions regarding your defense will be made depending upon the information contained within this questionnaire. If you are unsure as to any of your answers make sure to indicate that on the form. Please complete this form in its entirety

Date of Arrest: _____ Time: _____

Place (include county where incident occurred): _____

Arresting Officer: _____

Arresting agency or agencies: _____

Charges: _____

Which jail(s) and/or law enforcement center(s) were you transported to? _____

Vehicle Information

Owner, make, model, and year of vehicle: _____

Is there anything mechanically wrong with your vehicle? _____

Weather and road conditions: (check any or all that apply) _____

Blacktop road _____ Gravel _____ Pavement _____
Dark _____ Light _____ Foggy _____ Rainy _____
Sleet _____ Hail _____ Snow _____ Drizzle _____
Slippery _____ Normal _____ Wet _____ Dry _____

Operation

Was there an accident? _____ Was anybody hurt or injured? _____

If yes, describe injuries if known? _____

Were you transported to a hospital? _____

If yes, set forth the following:

Ambulance Department: _____

Hospital: _____

Was there any property damage other than to your vehicle? _____

If yes, describe extent if known? _____

Did your airbags deploy? _____

Did the officer or anybody else witness you driving? _____

Did the officer ask if you had been driving? _____ If so, what was your response? _____

Did the officer ask if you had anything to drink since driving the vehicle? _____

If so, what was your response? _____

Did you have any conversations with anyone other than law enforcement at the scene? _____

If so, please describe conversation. _____

Stop

Where did the stop take place? _____

What was the reason for the officer pulling you over? _____

Do you contest the reason for the officer stopping you? _____

If so, on what basis? _____

Were you issued a citation, written warning or fix-it ticket? _____

Did the officer ever tell you that you did not pull over quick enough? _____

Personal Contact

Do you have any allergies? _____ If so, please describe in detail: _____

Do you work in a dusty or smoky environment or around paints and/or chemicals on a daily basis? _____

If so, please describe in further detail: _____

What was your emotional state at the time the officer stopped you? _____

Do you have an accent or any medical or other conditions that impact your speech pattern? _____

If so, please describe in detail: _____

Were you able to provide the officer with your license, registration and proof of insurance in a timely and appropriate manner? _____

Do recall having any difficulties exiting your vehicle when asked by the officer? _____

Did you admit to consuming any alcohol that evening? _____

Field Sobriety Exercises

Did you submit to field sobriety exercises? _____

Did the officer tell you that field sobriety exercises are voluntary? _____

Eyes

Do you wear glasses or contacts? _____

If so, please set forth for the following for the eye doctor:

Name: _____

Address: _____

Dates of last check up: _____

If you wear glasses, did the officer have you take your glasses off before administering the HGN (eye test)? _____

Were you taking any prescription drugs or other over the counter drugs at the time you were stopped? If so, please list:

For each such drug, set forth the following:

Name and address of prescribing physician: _____

Name and address of dispensing pharmacy:

Date of prescription: _____

Were you facing passing traffic when the HGN (eye test) was conducted? _____

Were the officer's overhead rotating lights on during the test? _____

Were there any other moving lights or rapidly moving objects around during the administration of the eye test? _____

Do you have a natural nystagmus or a stigmatism? _____

Walk & Turn and One Leg Stand

Describe the surface where these exercises were administered (i.e. flat, level, incline, cracked, rocky, gravel, concrete, asphalt, etc.)

Were you provided a designated straight line? _____

Was there passing traffic during these exercises? _____

What kind of footwear were you wearing? _____

Did you have heals in excess of 2 inches? _____

Were you given an opportunity to take your footwear off? _____

Do you have any medical conditions that may impact your ability to perform these exercises? _____

If so, please describe in detail: _____

Have you been seen by a doctor for these conditions? _____

If so, please set forth the following for the doctor:

Name: _____

Address: _____

Dates of treatment: _____

Preliminary Breath Test

Did you submit to the preliminary breath test (handheld test in field)? _____

If so did the officer tell you the result? _____

Did you ask what the result was? _____

At any time did you ask to place a phone call or speak with someone FOR ANY REASON? _____

If so, who did you ask to call or speak with? _____

When was the request made? _____

What was the officer's response? _____

Were you ever advised by the officer or anyone else that you had the right to call, consult and see an attorney and/or a family member prior to making a decision to take or refuse the breath test at the station? _____

If you had been advised of those rights what would your course of action have been? _____

Were you provided an opportunity to place telephone calls before making a decision to take or refuse the breath test at the station? _____

Who did you call? _____

Was contact made? _____

Did the officer ever cut you short or tell you that you had to end your calls early or otherwise interrupt or interfere with your attempts to place calls or seek advice? _____

Were you ever read your rights ("you have the right to remain silent . . .")? _____

If so, when? _____

Were you questioned after being placed under arrest? _____

Implied Consent

Have you had your driving privileges suspended for operating while intoxicated (OWI/DUI) or zero tolerance (.02) violations within the past 12 years?

Did the officer read you the advisory stating how long your suspension would be if you consented and blew over a .08 as opposed to refused to take the breath test?

Do you have a commercial driver's license?

Did the officer advise you as to your decision's effect on your commercial driving privileges?

Did the officer provide any other advice to you regarding license suspension periods or work permit ineligibility? If so, please describe in detail?

Chemical Testing

Type of Chemical Test offered? Breath ____ Blood ____ Urine ____

Test Result: _____

• **These questions deal with the breath test at the station not the handheld test in the field.**

Did the officer or other member of law enforcement keep you under direct observation for the 15 minutes prior to you taking the breath test? _____

How many attempts did you make to provide a breath sample on the machine at the station? _____

If multiple tests were conducted, did the officer change the mouthpiece in between each test? _____

What were the officer's instructions on how to blow into the machine? _____

Did the officer check your mouth prior to having you blow into the machine? _____

Did the officer check your mouth at any time that evening? _____

Were you under the care of a doctor at the time of your arrest? _____

For each physician set forth the following:

Name: _____

Address: _____

Dates of last check up: _____

Had you seen a dentist within the 24 hour period prior to your arrest? _____

If so, please set forth the following:

Name: _____

Address: _____

Dates of last check up: _____

Were you taking any medicine or drugs at that time such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills, etc.? _____

If yes, describe in detail: _____

Do you wear false teeth? _____

Do you have diabetes or hypoglycemia? _____

Do you have heart disease? _____

Do you have acid reflux disease or GERD? _____

Were you ill (high fever) at the time of offense? _____

Do you have any other medical problems that would influence your physical condition at the time of your arrest? _____

Was your stomach upset on the night in question? _____

Was it possible your stomach could have been upset, causing you to belch? _____

Alcohol Consumption

Sex (M) __ (F) __ Height: _____ Weight: _____ Time of last alcoholic drink: _____

Time of first alcoholic drink: _____ Type of beverage(s) consumed: _____

Size of beverage(s): _____

Food Consumption

Did you have anything to eat within the 12 hours prior to your arrest? _____

If so, please describe in detail. _____

Did you have anything to eat while consuming alcohol? _____

If so, please describe in detail. _____

Did you pay for your food/drink with a credit card or bank card? _____

Do you still have a receipt for your food/drink purchases that evening? _____

Witnesses

Were there witnesses to your drinking, eating, and driving prior to your arrest? _____

If so, please provide the following:

Name: _____

Address: _____

Telephone number: _____ Willing to testify? _____

Post Test Procedures

Did the officer tell you what the result of your breath test was? _____

Did you request to re-take the test or have a blood or urine test conducted? _____

If so, what was the officer's response? _____

Were you released on a promise to appear or were you kept in custody? _____

ADDITIONAL INFORMATION OR COMMENTS: