



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

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DUI/DWI QUESTIONNAIRE

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Place of Birth (City & State): _____ Marital Status: _____

Name of Significant Other and Children (if any): _____

Height: _____ Weight: _____ Hair color: _____

Driver's License State: _____ Driver's License Number: _____

How many years of schooling do you have? _____

High School: _____ College: _____

If college was completed, what area was your degree in? _____

Current Employer: _____

Employer Address: _____

How long have you been employed with this employer? _____

Current Position: _____

Job Description: _____

Were you given a Horizontal Gaze Nystagmus or HGN Test? Yes No

Did the officer ask that you follow a moving object, such as a pen or finger, with your eyes? Yes No

If so, to the best of your recollection, what directions did the officer give you on how to perform the test? _____

If you wear eyeglasses or contacts, were you asked to remove them? Yes No

If you refused to take the HGN Test, did the officer advise you of any ramifications or consequences of refusal? Yes No

If you were involved in an accident, were either you or anyone else hurt? Yes No
If so, please give as much detail as possible about the nature and extent of the injuries to everyone involved. _____

Did the police, in any way, search either you or your vehicle? Yes No

Were you asked to consent to a search? Yes No

If so, what did you say? _____

What do you recall about the search? _____

What, if anything, did the police find and/or confiscate?
Please provide as much detail as possible. _____

Were you asked to consent or submit to a chemical test (blood, breath, and/or urine)?

Yes No

If so, what was your response? _____

Did you ask the officer any questions before making the decision of whether to submit to the test(s)? Yes No

Do you recall whether any rights were read to you before submitting or consenting to the test(s)? Yes No

If you consented or submitted to the test(s), which tests were offered to you (blood, breath, or urine)? _____

When they were offered, which tests were taken? _____

At what location were the tests taken? _____

What were the results of each test? _____

When and where did you begin drinking? _____

What kind of beverage(s) were you drinking? _____

How many drinks of each beverage did you have? _____

What was the size of container from which you drank each beverage? _____

Complete the following regarding all persons who were with you while you were drinking and when you were stopped.

Name	Phone Number	Do you believe this person would be willing to testify on your behalf (Y/N)?	What do you believe the witnesses would say about your drinking behavior, amount of drinks you had, interactions with other patrons, the police, drivers of the other vehicle, etc.?

What were you wearing (clothing, shoes, jewelry, etc.) when you were arrested? _____

Were you neatly dressed? Yes No

Was there anything unusual about the way you were dressed or your appearance? Yes No

Did your clothing or shoes in any way restrict your movement or make it difficult to walk? Yes No
If yes, please explain in detail. _____

How do you feel the drinks affected your driving ability? _____

Did you consider yourself to be incapable of safely operating a motor vehicle? Yes No
Please explain in detail. _____

Did you drink any alcohol after your arrest? Yes No
If so, what did you drink and what were the reasons? _____

Were you photographed, videotaped, or audio taped? Yes No

If so, were you told anything before being taped? Yes No

Were you read any rights prior to being taped? Yes No

Did the officer ask your permission to tape you? Yes No

Were you allowed to see the pictures or recording? Yes No

Were you allowed to listen to any of the recordings? Yes No

If so, describe to the best of your ability what was contained in the pictures or recordings, including anything of an unusual nature and what you recall hearing.

Were there any foreign objects in your mouth between the time of the arrest and the time of taking the test (including gum, mints, cough drops, candy, etc.)? Yes No

Did you smoke cigarettes at any time between the arrest and at the time of the test? Yes No

Were you under the care of a doctor at the time of your arrest? Yes No
If so, for what purpose? _____

Were you taking any medication(s)? Yes No
If so, please complete the following:

Name of Medication	Dosage	Frequency Taken	Why is this medication taken?

** Please also include any non-prescription medication (cough syrup, antihistamines, aspirin, ibuprofen, etc.) or any controlled substances (marijuana, cocaine, barbiturates, amphetamines, etc.).

Do you have any physical difficulties causing you to limp or have poor balance? Yes No

If yes, please explain in detail. _____

Do you have any physical ailment or impediment that causes you to speak or communicate with difficulty? Yes No

If yes, please explain in detail. _____

Do you have any physical ailment or impediment that causes you to breathe with difficulty? Yes No

If yes, please explain in detail. _____

Did you have any dental work or have you used any denture adhesives which could absorb alcohol leading to a higher breath test result? Yes No
If yes, please explain in detail. _____

Do you have diabetes or any heart diseases? Yes No
If yes, please explain in detail. _____

Have you ever suffered from any seizure disorder, including epilepsy? Yes No
If yes, please explain in detail. _____

Have you ever suffered from narcolepsy (sleepiness, drowsiness, etc.)? Yes No
If yes, please explain in detail. _____

Have you ever taken any anticonvulsant medication? Yes No
If yes, please explain in detail. _____

Do you recall having an upset stomach when you were arrested? Yes No
If yes, please explain in detail. _____

Do you recall belching or burping? (This can also affect the breath test.) Yes No
If yes, please explain in detail. _____

Do you wear eyeglasses or contacts? Yes No

Were you wearing them when you were arrested? Yes No

Do you have a restriction on your driver's license requiring eyeglasses or contacts? Yes No

If you were asked to submit to a field sobriety, coordination or horizontal gaze nystagmus test, were you wearing your corrective lenses? Yes No

Please complete the following regarding your vehicle:

Make	
Model	
Year	
License Number	
Vehicle Identification Number	
Color	
Condition	
Power Steering	
Power Brakes	
Automatic Transmission	
Mechanical Defects	
Any problems with steering?	

On what type of street were you driving:

How many lanes of traffic were there? _____

What type of road (paved, bricks, sand, dirt)? _____

Were there traffic signs or signals? _____

What was the condition of the road?
(Smooth, bumpy, rough) _____

What were the traffic conditions?
(Light, moderate, heavy) _____

What were the weather conditions?
(Clear, rain, snow, drizzle, ice, wet, dry, wind) _____

Were you advised that you had the right to refuse to submit to the chemical test(s)? Yes No

Were you told there were any consequences to your refusal? Yes No

If so, what specifically do you recall being told about the consequences of refusing the test(s)? _____

Were you advised that you could have a physician or other qualified person administrator additional chemical testing? Yes No

Were you advised that you could have a physician or other qualified person administrator a physical examination? Yes No

If so, what specifically do you recall about those advisements? _____

What, if anything, did you do? _____

Were you advised that you could consult with an attorney prior to submitting to the chemical testing? Yes No

Were you advised that you could have an attorney present while you submitted to questioning, field sobriety testing, or chemical testing? Yes No

If so, what do you recall and what happened? _____

If you were given the opportunity to consult with an attorney, either in person or by phone, were you allowed a private area to discuss the case with them? Yes No

Were you given access to a telephone book to contact your physician or attorney? Yes No

Were you given the names of any physicians or medical facilities willing to come to the police station and administer additional tests or a physical examination? Yes No

If so, what happened? _____

Please list the names and addresses of any physicians, medical facilities, or other persons who administered tests or performed examinations.

Name	Address	Phone Number	Physician, Medical Facility, Attorney, Etc.

Were you advised that a sample of your blood, breath, or urine could be retained for later analysis or retesting? Yes No

Were you advised that you would have to pay for any retention or analysis? Yes No

If so, what was told to you and what did you do in response? _____

Did you request a sample of breath, blood, or urine? Yes No

Did you request an additional test be taken? Yes No

Please provide as much detail as possible. _____

Do you have any prior drunk driving arrests or convictions? Yes No

Please include cases in which diversion was applied.

If yes, please complete the following.

#1: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

#2: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

#3: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

Do you have any prior arrests or convictions? Yes No

Please include any cases in which diversion was applied.

If yes, please complete the following.

#1: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

#2: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

#3: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

Have you been charged with any other administrative or traffic offenses which resulted in a license suspension? Yes No

Please include any cases in which diversion was applied and any pending matters.

If yes, please complete the following.

#1: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____

Jurisdiction (court) involved: _____

Penalties or sentence imposed: _____

Name and phone number of attorney who represented you: _____

#2: Date of offense: _____ Convicted: Yes No

Description of offense? _____

Agency involved: _____
Jurisdiction (court) involved: _____
Penalties or sentence imposed: _____
Name and phone number of attorney who represented you: _____

#3: Date of offense: _____ Convicted: Yes No
Description of offense? _____
Agency involved: _____
Jurisdiction (court) involved: _____
Penalties or sentence imposed: _____
Name and phone number of attorney who represented you: _____

Are you on probation for any offense? Yes No
If yes, please complete the following.

#1: Date of offense: _____ Convicted: Yes No
Description of offense? _____
Agency involved: _____
Jurisdiction (court) involved: _____
Penalties or sentence imposed: _____
Name and phone number of attorney who represented you: _____

#2: Date of offense: _____ Convicted: Yes No
Description of offense? _____
Agency involved: _____
Jurisdiction (court) involved: _____
Penalties or sentence imposed: _____
Name and phone number of attorney who represented you: _____

#3: Date of offense: _____ Convicted: Yes No
Description of offense? _____
Agency involved: _____
Jurisdiction (court) involved: _____
Penalties or sentence imposed: _____
Name and phone number of attorney who represented you: _____

Have you ever sought any alcohol, drug, or substance abuse counseling? Yes No

If so, please complete the following:

- #1: Name of counselor: _____
Name of rehabilitation facility: _____
Dates of counseling or treatment: _____
Inpatient or outpatient? _____
Frequency of visits? _____
- #2: Name of counselor: _____
Name of rehabilitation facility: _____
Dates of counseling or treatment: _____
Inpatient or outpatient? _____
Frequency of visits? _____
- #3: Name of counselor: _____
Name of rehabilitation facility: _____
Dates of counseling or treatment: _____
Inpatient or outpatient? _____
Frequency of visits? _____

Have you ever been required by any court or administrative agency to undergo alcohol, drug, substance abuse or psychological screening? Yes No

If so, please complete the following:

- #1: Name of court or administrative agency: _____
Location of court or administrative agency: _____
Nature of screening: _____
Name of facility completing screening: _____
City and State of facility completing screening: _____
Results of evaluation: _____
- #2: Name of court or administrative agency: _____
Location of court or administrative agency: _____
Nature of screening: _____
Name of facility completing screening: _____
City and State of facility completing screening: _____
Results of evaluation: _____
- #3: Name of court or administrative agency: _____
Location of court or administrative agency: _____
Nature of screening: _____
Name of facility completing screening: _____
City and State of facility completing screening: _____
Results of evaluation: _____

Do you presently feel or believe that you have a problem with alcohol or drugs or have a chemical dependency? Yes No

If so, please explain what the problem is, how it affects you, your family and others who may have contact or dealings with you. _____

Do you wish to seek any counseling services or treatment with respect to any problem you are having with drugs or alcohol? Yes No

If so, please explain. _____

Do you have health insurance that may cover the cost of such treatment or counseling? Yes No

If so, please explain. _____

Do you presently have vehicle insurance? Yes No

If so, please complete the following:

Insurance carrier: _____

Your policy number: _____

Name and contact information of insurance agent: _____

If you were involved in an accident that preceded the arrest and caused damage to your vehicle, to another driver's vehicle or that caused other property damage or physical injury, have you notified your insurance carrier? Yes No

If so, when was the contact made and what was said about the accident? _____
