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ATTORNEYS AT LAW

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DUI - DWI Questionnaire

Full Legal Name: _____
Address: _____
Home Phone: (_____) _____ Other: (_____) _____
Work Phone: (_____) _____ Email: _____
Date of Birth: _____ Age: _____
Place of Birth: _____
Height: _____ Weight: _____
Social Security Number: _____
Driver's License Number: _____ State Issued: _____
Marital Status: _____
Name of Spouse and Children (if any): _____

How many years of school do you have?

High School: _____ College: _____
Degrees: _____

Employer Name: _____
Employer Address: _____
Job Description: _____
Length of Employment: _____

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 stick, a pen, a pencil 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 protective lenses, 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
(including a test of your 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?

Where and when 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 the glass or container from which you drank each beverage?

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

Name	Address	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, the amount of drinks you had, any interaction you had with other patrons, the police, drivers of other vehicles, 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 photographed, videotaped or audio taped? Yes No

Were you read any rights prior to being photographed, videotaped or audio taped? Yes No

Did the officer ask your permission to photograph, videotape or audio tape you? Yes No

Were you allowed to see the photographs or the completed videotape? Yes No

Were you allowed to listen to the audio tape? Yes No

If so, describe to the best of your ability what was contained in the photographs, videotapes including anything of an unusual nature and what you recall hearing on the audio tape.

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

Did you smoke cigarettes at any time between the arrest and 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?

Yes No

If so, please complete the following:

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

**Please include 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 to have poor balance?

Yes No

If so, please give details.

Do you have any physical ailment or impediment that causes you to speak or communicate with difficulty?

Yes No

If so, please explain.

Do you have any physical ailment or impediment that causes you to breathe with difficulty?

Yes No

If so, please explain.

Do 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 so, please give details.

Do you have diabetes or any heart diseases?

Yes No

If so, please give details.

Have you ever suffered from any seizure disorder, including epilepsy?

Yes No

If so, please give details.

Have you ever suffered from narcolepsy (sleepiness, drowsiness, etc.)

Yes No

If so, please give details.

Have you ever taken any anticonvulsant medication?

Yes No

If so, please give details.

Do you recall having an upset stomach when you were arrested?

Yes No

If so, please give details.

Do you recall belching or burping? (This can also affect the breath test)

Yes

No

If so, please give details.

Do you wear eyeglasses or corrective lenses?

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 corrective lenses?

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:

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 or tests?

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 refusal?

Were you advised that you could have a physician or other qualified person administer additional chemical tests?

Yes No

Were you advised that you could have a physician or other qualified person administer a physical examination?

Yes No

If yes, what 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 test(s)? Yes No

Were you advised that you could have an attorney present while you submitted to questioning, field sobriety tests, or chemical tests? 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 him?

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	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 so, please complete the following:

#1

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone 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, address and phone 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, address and phone of attorney who represented you:

#4

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of attorney who represented you:

Do you have any prior arrests or convictions?

Yes

No

(Please include cases in which diversion was applied)

If so, please complete the following:

#1

Date of offense: _____

Convicted: Yes

No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone 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, address and phone 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, address and phone of attorney who represented you:

#4

Date of offense: _____

Convicted: Yes

No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of attorney who represented you:

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

(Please include cases in which diversion was applied as well as all pending matters)

If so, please complete the following:

#1

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone 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, address and phone 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, address and phone of attorney who represented you:

#4

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of attorney who represented you:

Are you on probation for any offense: Yes No

If so, please complete the following:

#1

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of probation officer:

#2

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of probation officer::

#3

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of probation officer::

#4

Date of offense: _____ Convicted: Yes No

Description of offense: _____

Agency involved: _____

Jurisdiction (Court) involved: _____

Penalties or sentence imposed: _____

Name, address and phone of probation officer:

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: _____

#2

Name of counselor: _____

Name of rehabilitation facility: _____

Dates of counseling or treatment: _____

#3

Name of counselor: _____

Name of rehabilitation facility: _____

Dates of counseling or treatment: _____

#4

Name of counselor: _____

Name of rehabilitation facility: _____

Dates of counseling or treatment: _____

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: _____

Address of court or administrative agency: _____

Nature of screening: _____

Name of facility completing screening: _____

Address of facility completing screening: _____

Results of evaluation: _____

#2

Name of court or administrative agency: _____

Address of court or administrative agency: _____

Nature of screening: _____

Name of facility completing screening: _____

Address of facility completing screening: _____

Results of evaluation: _____

#3

Name of court or administrative agency: _____

Address of court or administrative agency: _____

Nature of screening: _____

Name of facility completing screening: _____

Address 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 and 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 alcohol or drugs?

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 provide details.

Do you presently have automobile insurance?

Yes

No

If so, please complete the following:

Insurance carrier: _____

Your policy number: _____

Name, address and phone 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?

If you were involved in an automobile accident, have you filed a motor vehicle accident report with the local or state police or the registry of motor vehicles?

Yes

No

If so, when was the report filed: _____

Have you retained a copy of the report:

Yes

No

Is there any other information that has not been addressed or covered in this form that you feel is or might be important in the evaluation or defense of your case?

Yes

No

If so, please explain:

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