

THE McKELLAR LAW FIRM
DUI CLIENT INTERVIEW SHEET

COURT DATE: _____

Interview Date: _____

How did you hear about our law firm? _____

1. PERSONAL INFORMATION

D.O.B. _____

S.S.N. _____

Name: _____

Age: _____

Race: _____ Sex: _____

Referred by: _____

Address: _____

Telephone: Home _____ ok? ___ Work _____ ok? ___

Pager _____ Cell _____

E-Mail _____ Fax _____

Alternate number: _____

How long resident of county: _____

Marital status: _____

Name of spouse: _____

Children and ages: _____

High school: _____

College/Vocational: _____

Military: _____

Business, educational or professional awards, honors, recognitions or accolades: _____

Employment: _____

How long? _____

Supervisor: _____

Employment Address: _____

Type of work: _____

Work hours: _____

Rate of pay: _____

Previous Employment: _____ How Long? _____

2. PRIOR RECORD

Adult: _____ 1. _____
_____ 2. _____
_____ 3. _____

Juvenile: _____

Traffic: _____

3. ARREST INFORMATION

Date of arrest: _____ Time of arrest: _____

Place of arrest: _____

Arresting officer, department and badge number: _____

Warrants issued: _____

Citations issued: _____

Passengers at time of arrest:

1. Name: _____
Address: _____ Phone number: _____

2. Name: _____
Address: _____ Phone number: _____

Other relevant defense witnesses:

1. Name: _____
Address: _____ Phone number: _____

2. Name: _____
Address: _____ Phone number: _____

Witnesses willing to testify () Yes () No () Check With Client First

PROBABLE CAUSE: _____

Distance followed by the police: _____

Statements or Comments Made By The Officer _____

Miranda warning given? (details) _____

Statements Before Rights? () Yes () No () Not Sure

Statements Made: _____

Vehicle searched? _____ Property taken from vehicle: _____

Person searched? _____ Property taken from Def.: _____

Accident? () Yes () No Details: _____

Insurance? _____

Vehicle towed? () Yes () No By whom? _____

Recovered? () Yes () No () Forfeiture, Details: _____

4. FIELD SOBRIETY TESTS

Tests Performed: _____

Surface: _____

Lighting: _____

Time of Tests After Stop _____

Proximity of Traffic: _____

One Leg Stand: _____

How Long Count? _____ Which Leg Down? _____
Police Comment? _____

Walk And Turn: _____

Police Comment? _____

Physical Line? _____ How Many Steps? _____

Officer Demonstration / Instructions: _____

Finger To Nose: _____

Police Comment? _____

□ ABC, HGN OR OTHER TESTS: _____

Questions Regarding Impairment: _____

Questions Regarding Weight: _____

Questions Regarding Physical Condition / Injuries? _____

Clothing at Arrest: _____

Footwear: _____

Weather: _____

Other witnesses to tests: _____

Videotape? _____

5. CHEMICAL TESTS

TYPE: BREATH _____ BLOOD _____ URINE _____

REFUSAL? _____

Reason for Refusal? _____

A. BREATH

Implied Consent Warning? _____

Implied Consent Warrant: () Yes () No

Time of Arrest _____

Observation prior to test _____

Location of test _____

Request for Indep. or Alt. Test _____

Type of BrAT Unit _____

Operator: _____

Anything in Mouth: _____

Attempted More Than Once? _____

* **Results of test(s):** _____

B. BLOOD

Location _____

TBI _____ Hospital _____

Blood Drawer _____

* **Results of test(s):** _____

Comments About Test: _____

6. ALCOHOL CONSUMPTION

Alcohol Consumed: _____

Drugs Consumed: _____

Last alcohol: _____ Time: _____

Quantity: _____ Location: _____

Last alcohol: _____ Time: _____

Quantity: _____ Location: _____

Last alcohol: _____ Time: _____

Quantity: _____ Location: _____

TOTAL number of drinks: _____

Elapsed time: _____

Food consumption during the 12-hour period prior to arrest: _____

7. MEDICAL CONDITION

Height: _____

Weight: _____

Age: _____

Overall Health: _____

Heart disease: _____

Corrective lenses: _____

Sensitive to smoke: _____

Asthma: _____

False teeth or "bridge" work: _____

Diabetes: _____

Orthopedic: _____

Inner ear problems: _____

Arthritis: _____

Stomach disorders: _____

Epilepsy: _____

Hearing problems: _____

Other: _____

Prescription Medications: _____

Alcohol History: _____

Drug History: _____

Vision: _____

Medical condition at time of arrest: _____

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

PHYSICIANS:

1. Name: _____
Address: _____
Telephone: _____
Treatment? _____

2. Name: _____
Address: _____
Telephone: _____
Treatment? _____

8. VEHICLE:

Make, Model, Year _____

Do You Own This Vehicle? () Yes () No _____

How long? _____

Condition _____

Steering last checked or repaired _____

Tire Condition _____ Brakes _____

Mechanical Defects _____

Mechanic who works on car _____

9. ROADWAY

Weather and Road Conditions:

Blacktop _____ Dirt Road _____ Rainy _____
Drizzle _____ Dark _____ Light _____
Foggy _____ Dry _____ Sleet _____
Hail _____ Snow _____ Other _____
Slippery _____ Normal _____ Wet _____

10. OTHER FACTORS AFFECTING ARREST

ADDITIONAL COMMENTS
