

# NORTON HARE, L.L.C.

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## DUI CLIENT QUESTIONNAIRE

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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:

\_\_\_\_\_

How were you referred to our law firm?

Lawyer (please name): \_\_\_\_\_ Website (please list any search  
engine or search terms): \_\_\_\_\_

Friend: \_\_\_\_\_ Former Client: \_\_\_\_\_

Other: \_\_\_\_\_

**Details win DUI cases. The only way for our attorneys to have a viable chance at being successful in your case is if we know as much about you and the facts surrounding your arrest as possible. Please provide 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.**

1) Have you ever been arrested for DUI before?: \_\_\_\_Yes \_\_\_\_No

2) For each DUI arrest list the approx. date and the outcome of the case (incl. pending cases, diversions, dismissals, convictions, etc.)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_(Use back)

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

\_\_\_\_\_

4) Were you on diversion or probation at the time of your arrest in this matter?: \_\_\_\_ Where and for what? \_\_\_\_\_

5) Date of this DUI arrest: \_\_\_\_\_

6) Court date: \_\_\_\_\_ Time: \_\_\_\_\_

7) Name of city in which you were arrested: \_\_\_\_\_

8) Exact location of arrest: \_\_\_\_\_

9) Arrested by \_\_\_\_City Police \_\_\_\_ Sheriff's Deputy \_\_\_\_ Highway Patrol

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

\_\_\_\_\_

11) Were you involved in an accident?: \_\_\_\_\_

12) Was anyone injured?: \_\_\_\_\_

13) What did the officer say he stopped you for?: \_\_\_\_\_

\_\_\_\_\_

14) Did the officer ask you to take field sobriety tests?: \_\_\_\_\_

15) Did the officer have you follow a pen or other instrument with your eyes?: \_\_\_\_\_

Did you \_\_\_Pass \_\_\_Fail or \_\_\_Don't know

16) Did the officer have you stand on one leg? \_\_\_\_\_

Did you \_\_\_Pass \_\_\_Fail or \_\_\_Don't know

17) Did the officer have you walk a line heel to toe? \_\_\_\_\_

Did you \_\_\_Pass \_\_\_Fail or \_\_\_Don't know

18) Did the officer have you say the alphabet? \_\_\_\_\_ Backwards? \_\_\_\_\_

19) Did the officer have you count numbers? \_\_\_\_\_ Backwards? \_\_\_\_\_

20) Please list any other field tests given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_I don't remember

What were the results: \_\_\_\_\_

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

\_\_\_\_\_

23) Were you handcuffed? \_\_\_\_\_

24) 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) \_\_\_\_\_ When?

\_\_\_\_\_

25) Did the officer ever read you a list of rights about chemical testing to determine your blood or breath alcohol (i.e., Kansas law requires you to submit to testing, there is no constitutional right to refuse, that if you refuse your license would be suspended, etc.)  Yes  No  I don't remember

26) Did the officer make you wait 20 minutes before taking the test?:  Yes  No  Don't remember

27) Did the officer ever leave you alone during this 20 minute period?:  Yes  No  I don't know

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

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29) Did you cough, belch, regurgitate or put anything in your mouth during this 20 minute period?: 

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30) Did you submit to a test of your  Breath  Blood or  Urine

31) Did you ask the officer if you could take a test other than the test offered?:  Yes  No  I don't remember

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

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33) If you refused, why did you tell the officer you refused: 

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34) Did the officer ever look inside your mouth? 

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35) Did you have anything inside your mouth? 

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

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37) Were you wearing contacts at the time of arrest? 

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38) Have you ever had surgery? 

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 If so, when and for what: 

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39) Please list **any and all** physical illnesses, impairments or disabilities you had at the time of arrest (incl. troubles with knees, ankles, back, or illness such as a cold, allergies, diabetes or asthma):

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40) Medical conditions may affect a person's gait, and make walking or balancing difficult. Please let us know if you suffer from any of the following: Post-polio, phlebitis (swollen veins), surgery to back or lower extremities, breathing disorder, neuropathy, diabetes, arthritis, hammer toe, short toes, long toes, or hip dysplasia: \_\_\_\_\_

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

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42) What had you eaten on the date of your arrest?:

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43) How long prior to the breath or blood test had it been since you had eaten?: \_\_\_\_\_

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

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45) **VERY IMPORTANT:** What prescription medications were you taking at the time of arrest?

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46) What non-prescription medications were you taking at the time of arrest?: \_\_\_\_\_

47) What specifically do you do at your job?: \_\_\_\_\_

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48) Do you work around any solvents or chemicals (i.e., paint, paint thinner, gasoline): \_\_\_\_\_

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49) Please list any persons who were with you at or just prior to the time of your arrest:

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50) Do you suffer from acid reflux, GERD, or other similar problem \_\_\_\_\_

Please list any doctors you see or medications you take for this problem: \_\_\_\_\_

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51) Do you use your car during the course of your employment? \_\_\_\_\_

How many miles per month do you drive for work: \_\_\_\_\_

How many miles per month do you drive total: \_\_\_\_\_

51) Please list any and all 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: \_\_\_\_\_

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