



OWI/DUI 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.:

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Commercial Driver's License?

License Restrictions:

Are you currently on probation or parole?

Prior Criminal Record:

Offense:

Date:

Sentence imposed:

Were you represented by an attorney?

Offense:

Date:

Sentence imposed:

Were you represented by an attorney?

Offense:

Date:

Sentence imposed:

Were you represented by an attorney?

Offense:

Date:

Sentence imposed:

Were you represented by an attorney?

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 before meeting with the attorney.

Date of Arrest:

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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:

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:

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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:

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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 you 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 the following:

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:

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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 they have heels 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 for the following:

Name:

Address:

Dates of treatment:

Preliminary Breath Test

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

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If so did the officer tell you the result?

Did you ask what the result was?

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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

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

Did then 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:

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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 for 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:

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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: