



REESE & ESCOBAR, LLP

Attorneys and Counselors at Law

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CLIENT QUESTIONNAIRE FORM-DWI

Client Name: _____

Charges: _____

The Arrest

Date of Arrest? _____ Time of Arrest? _____ Location? _____

Arresting Officer? _____ Agency? _____ County? _____

Arrest video? Did you resist arrest? Excessive force by police?

Reasons for the stop:

According to the Police: _____

According to Motorist: _____

Was there an accident? If so,

Cause of the Accident: _____

Injuries in Accident suffered by all parties before and after the Accident: _____

Witnesses to Arrest:

Passengers (Name, Address, Telephone #s, Age)

Passenger One: _____

Passenger Two: _____

Passenger Three: _____

Passenger Four: _____

What was the substance of conversations with passenger's before and after the stop? _____

If accident, Other Motorist & their Passengers (Name, Address, Phone Numbers):

Other Motorist: _____

Passenger's in Other Motorist's Car: _____

What was the substance of conversations with other driver's and their passengers before and after the stop? _____

All Law Enforcement Witnesses to Stop and/or Arrest:

Arresting Officer: _____ Agency: _____

Additional Officer: _____ Agency: _____

Additional Officer: _____ Agency: _____

Additional Officer: _____ Agency: _____

Confessions

Miranda (Your Rights) warnings If so, when? _____ Where? _____

given? How warnings given?

Prior to or during questioning did you

ask for an attorney? If so, when? _____ Request honored?

ask for medical assistance? If so, when? _____ Request honored?

ask to see a friend or family member? If so, when? _____ Honored?

Did you talk to the police? How long were you questioned? _____

Did you ever ask for the questioning to stop?

Were you told that other witnesses or co-defendants accused you?

Did the police show you or tell you about evidence?

Were you ill during questioning?

Were you using a medication prior questioning?

Were you intoxicated during questioning?

Were you deprived of sleep during questioning?

Were you deprived of food or water during questioning?

Was there a videotape?

Was there an audio tape?

What did you say to the police prior to Miranda warnings? _____

What did you say to the police after Miranda warnings? _____

Did you make a written statement?

Do you have the statement?

Did you say anything to jailers?

Did you say anything to others at jail?

If so, what? _____

Searches

Did the Officer search you?

Did the Officer search anything else?

Why did the Officer search? Warrant/Consent by _____/Other

When was the search?

What did the Officer find, e.g. beer, alcoholic beverages, drugs? _____

Impoundment:

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What did you drink and how many? _____

Did you think you were intoxicated at the time of the arrest?

Do you think that the drinking affected your driving? _____

Did you use any illegal drugs prior to the arrest?

If so, what and how much? _____

Do you think the illegal drugs affected your driving? _____

Were you on any legal medication prior to the arrest?

Prescription Drug? Name: _____

Cold Medication? Name: _____

Antihistamine? Name: _____

Tranquilizers? Name: _____

Diet Pills? Name: _____

Aspirin? Name: _____

Other? Name: _____

Do you think any of these legal drugs affected your driving? _____

Who did you spend time with during the day and drinking (Name, Address, Phone Number)

Witness: _____

What could this person say about your case? _____

Witness: _____

What could this person say about your case? _____

Witness: _____

What could this person say about your case? _____

Witness: _____

What could this person say about your case? _____

Continue on back of page if necessary.

Motorist's Physical and Mental Characteristics

These questions pertain to around the day of the arrest.

Sex: _____ Weight? _____

Do you wear glasses or have trouble seeing? _____

Were you under a doctor's care (for other than injuries sustained in the accident if there was one)? _____

Had you visited a dentist within 24 hours prior to the arrest? _____

Do you have coordination problems? Explain? _____

Do you limp? Explain? _____

Do you have a bad back? Explain? _____

Do you have arthritis? Explain? _____

Other physical limitations? _____

Do you have balance problems? Explain? _____

Did you have sinus problems? Explain? _____

Did you have ear congestion? Explain? _____

Did you have a cold? Explain? _____

Any other problems? _____

Were you cold during the investigation? Explain? _____

Do you have a speech impediment? Explain? _____

Do you have false teeth? Explain? _____

Are you missing a lot of teeth? Explain? _____

Other medical conditions? _____

Field Sobriety Tests

Side of the Road:

Did they give you the HGN Test (Pen Test)? Which Officer? _____

How did you do? _____

Did they give you the walk & turn test? Which Officer? _____

How did you do? _____

Did they give you the one leg stand test? Which Officer? _____

How did you do? _____

Did they give you the alphabet test? Which Officer? _____

How did you do? _____

Did they give you a portable breath test? Which Officer? _____

How did you do? _____

Conditions on the side of the road?

What was the time of day? _____ The season? _____

Approximate Temperature _____ What was the weather like, e.g., rainy,
foggy, snow, sleet, clear, etc.? _____

What was the surface, e.g., pavement, dirt, gravel, grass? _____

Describe the surface, e.g., hilly, level, uneven, slippery, wet, dry, normal? _____

Did the conditions affect your performance? _____

Tests at the Station:

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Did they give you the HGN Test (Pen Test)? Which Officer? _____

How did you do? _____

Did they give you the walk & turn test? Which Officer? _____

How did you do? _____

Did they give you the one leg stand test? Which Officer? _____

How did you do? _____

Did they give you the alphabet test? Which Officer? _____

How did you do? _____

Other Tests?

Did they take a test of your breath? Permission given?

Did they take a sample of your blood? Permission given?

Did they take a sample of your urine? Permission given?

Results of Tests? _____

Who gave you the test? _____

Where was the test given? _____

How long after the stop did they give you the test? _____

Did the test administer observe you for 15 minutes prior to the test? _____

Describe how they gave you the test? _____

Were you advised you could take another test?

Were you told you could have your own doctor give you a blood test?

Were you told you could refuse the tests?

Were you told you could contact your attorney prior to the test?

Where you allowed to contact an attorney?

Motor Vehicle?

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Any mechanical defects on the vehicle which could have affected the vehicle's performance prior to the stop? _____

Defenses?

Do you know of any possible defenses you may have to the charges? _____

Double Jeopardy?

Have you been punished for any other offenses arising out of your current charges?

If so, please explain: _____

Other Information?

Is there anything else you believe is important about your case? _____

Prior Record?

Offense: _____ County: _____ Attorney: _____

Result: _____ Date: _____

Offense: _____ County: _____ Attorney: _____

Result: _____ Date: _____

Offense: _____ County: _____ Attorney: _____

Result: _____ Date: _____

Offense: _____ County: _____ Attorney: _____

Result: _____ Date: _____