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SuperLawyer in the Area of DUI Defense
Member, Georgia Defense of Drinking Drivers Group
Member, National College for DUI Defense
***JD*, University of Georgia School of Law**

1 of 4 Board Certified DUI Defense Attorneys in Georgia
Member, Georgia Association of Criminal Defense Lawyers
2010 Defense of Drinking Drivers "Most Outstanding Victory"
2011 Defense of Drinking Drivers "DUI Lawyer of the Year"

CONFIDENTIAL INFORMATION

TRUTHFULLY COMPLETE EVERY PART OF THIS FORM IN GREAT DETAIL AS SOON AS POSSIBLE. DETAILED ANSWERS WILL BE USED TO EVALUATE YOUR DEFENSE. ALL PERSONAL DATA IS CONFIDENTIAL. USE EXTRA SHEETS OF PAPER WHEN WE DO NOT SUPPLY ENOUGH ROOM FOR YOUR ANSWERS.

IMPORTANT QUICK REFERENCE DATA

DATE OF ARREST	TIME OF ARREST	COURT DATE	DUI OFFENSE (1ST.2ND.ECT.)	COUNTY IN WHICH CASE IS PENDING:
_____/_____/_____		_____/_____/200_____		_____
M Tu W Th F Sa Su	AM/PM			
(circle one)	(circle one)	_____AM/PM		

HOME ADDRESS:	HOME PHONE	ALLEGED BAC%
Street _____ **City** _____ **State** _____ **ZIP** _____ **E-MAIL**:_____	**( )** **CELL** **( )** **OTHER** **( )**	1ST_____ 2ND _____ Tests pending? Yes/No Refused Test? Yes/No
OTHER MAILING ADDRESS: (to be used for mail in this case) **Street** _____ **City** _____ **State** _____ **ZIP** _____		

(1) CLIENT INTAKE QUESTIONNAIRE

Full Name _____ Nickname _____
Birth Date _____ Birth Place _____
Social Security Number _____ Other Phone Number _____
How were you referred to (or how did you learn about) our office? (Circle one below)
Internet/Referral by:_____Other:_____

(1)LICENSE

Driver's license No._____ State Licensed In _____
Restrictions on License? Yes/No (circle one) If so, what? _____
Possess a Commercial Driver's License (CDL)? _____ Endorsements?_____
Expiration_____
Date of Issue_____ Is License Valid? Yes/No/Not Applicable (circle one)
Have you had any moving violations in the State of Georgia in the last 18 months? If so, explain:_____

(2)EMPLOYMENT

Employer_____
Job Title_____ How Long?_____
Duties_____
Annual Income: ___Under $25,000 ___$25,000 to $50,000 ___ Over $50,000
Prior Employment_____
How long? _____

Any problems with present employment? _____
Vehicle used in employment? Yes/No (circle one)
Would you be fired, restricted in duties, passed over for promotion or demoted/unable to work?

a) if convicted of DUI?_____
b) if your license of suspended?_____
c) if suspended, but you had a "work permit"?_____

Do you have a company owned vehicle? Yes/No (circle one)
Are you insured by your company's insurance carrier? Yes/No/Not Applicable (circle one)
How many miles driven to/from/at work on a routine day?_____
How many total miles driven each week (business and personal miles) _____
Is public transportation readily available to you? Yes/No (circle one)
What are the possibilities that you could relocate to another state IF ABSOLUTELY NECESARY to protect your right to drive?_____

(4) EDUCATION

High School_____ Last Year Attended _____
City & State_____ Graduated Yes/No (circle one)
College_____ Last Year Attended _____
Major_____ Graduated Yes/No (circle one)
TECH School_____ Last Year Attended _____
Major_____ Graduated Yes/No (circle one)
Special Training (trades, vocational, business college, post graduate, etc.)_____
Honors in school_____

(5) FAMILY

Married/Single/Divorced/Widowed/Engaged (circle one), If married, how long? _____
Spouse/Partner's Name_____
Spouse/Partner's Employment_____
Please provide the name and phone number of an immediate family member who does not reside with you who will most likely know your whereabouts at all times:
Name_____ Phone number_____

(6) POSTING BOND

Was a bond required? Yes/No (circle one). If no, skip this section. If so, How much? _____
Form of bond posted: Cash/Credit Card/Real Estate/Family/Friend/Commercial bonding company (circle one)
Did you get a commercial bondsman? Yes/No (circle one) Who? _____

Names, address and phone number of bonding agency used (or person providing money or real estate)?
_____

(7) DEPARTMENT OF DRIVER SERVICES HEARING

Have you received notification from the arresting officer or from the Georgia Department of Driver Services notifying you of a suspension or revocation of your privilege to drive? Yes/No (circle one)

If so, have you filed a request for hearing to appeal this suspension? Yes/No (circle one)

(8) MEDICAL HISTORY

Weight_____Height_____Age_____
General health conditions_____
Any physical disabilities?_____
Had you been involved in any special diet or exercise programs?: Yes/No
If yes, please list
specifics:_____
_____
_____
_____
Any prescribed medication taken by you daily or periodically? Yes/No (circle one)
If so, what drug and for what condition?_____
For what symptoms or indications?_____
_____
How much was taken?_____
What time was it taken?_____
Who prescribed it?_____
Specific health problems? (Explain in the blanks that follow)
Were you sick at time of arrest? If so, with what?_____
Did you have a fever? If so, how much?_____
Did you go to a doctor with illness? If so, who and when? _____
Hearing, inner ear or auditory problems_____
Heart, blood pressure, angina or circulatory_____
Dizziness or depth perception_____
Eyes, including any surgery or injuries_____
Glasses Yes/No (circle one) Contact Lens Yes/No If so, "hard" lenses? Yes/No (circle one)
Allergies_____
False Teeth or "Bridge" work: Yes/No (circle one) Full/Partial Upper/Lower (circle one)
If so, describe in detail:_____

If so, what type of dental adhesive do you use? None, or_____ Brand
Cavities which have not been filled_____
Did you have a tongue ring in place when doing a breath test? Yes/No (circle one).
Problems with walking or standing (orthopedic or other)_____
Legs_____
Knees_____
Feet_____
Arthritis_____
Arms_____
Stomach or Esophagus (Hiatal hernia, gastric reflux, chronic or regular heartburn, etc.)
_____
Lungs/Breathing/Asthma/Emphysema_____
Diabetes, hypoglycemia or "blood sugar" irregularities?_____
Do you ever suffer from "heartburn" or "acid stomach"? Yes/No (circle one)
At time of your arrest, did you have any problems with this stomach/esophagus condition **prior to** or **during** your confrontation with police? Yes/No/Don't Recall/ N/A. If so, describe:
_____
Do you take meds regularly (i.e. non-prescription drugs, such as ASPIRIN)? Yes/No (circle one)
What?_____ How often?_____
Why?_____
Were you taking ANY medicine, cough syrup, aspirin, Tagamet, inhalers, etc. (prescribed or over-the-counter) when arrested (within 24 hours of arrest)? Yes/No (circle one)
What?_____ Why?_____
Have you EVER suffered significant injuries from any traumatic event (e.g. childhood injuries, etc.)
Yes/No (circle one) If so, give details: _____
_____
_____
At time of your arrest, did you have blood in your mouth for any reason? Yes/No (circle one) If so, describe _____
Do you smoke? Yes/No (circle one) If yes, how much?_____
At time of you arrest, were you smoking? Yes/No (circle one)
At time of you arrest, were you dieting or fasting? Yes/No (circle one) If yes, for how long and what type of diet were you on?_____
_____
Any history of mental illness or disorder? Yes/No (circle one) If so, describe: _____
_____
Ever been treated by a psychiatrist or psychologist? Yes/No (circle one)
Who_____ Where_____
When_____ Result_____
Have you ever been involved in any alcohol or drug treatment program? Yes/No (circle one)

If yes to any of the foregoing, why, where and when were you treated?_____
_____
Had you been involved in unusual work or other activities (such as two jobs, overtime, etc.) which might cause fatigue, eyestrain, etc.?:_____ If yes, please specify:_____
_____
_____
_____
_____
Does your employment expose you to chemicals, solvents, gases, volatile liquids, etc?
Yes/No
PleaseDescribe:
_____
_____
_____

FEMALES, if you were on your period, the blood alcohol level shown by breath tests may be elevated by a small amount. If you are only minimally (.002 -.003) over the limit please address where you were time wise with respect to your period. _____

(9) AWARDS/RECOGNITIONS/HONORS

Describe any business, educational or professional awards, honors, recognitions or accolades ___
_____
_____

(10) MEMBERSHIPS

Religious denomination: _____
Where attend or member: _____
Attend regularly? Yes/No (circle one)How often? _____
Offices held in church _____
Civic clubs or organizations _____
Offices or duties in any other organization _____
How long a member _____
Have you or a close family member ever been a member of M.A.D.D., S.A.D.D., or any other politically active group which seeks to influence legislation and public opinion regarding drinking drivers? Yes/No (circle one) Give details: _____
_____
_____

Have you or a close family member ever contributed money to such an organization? Yes/No (circle one) If so, please enclose a copy of the membership card/letter or copy of the canceled check payable to the organization.

(11) ALCOHOL/DRUGS

Usual alcoholic beverage you drink _____
Usual drug to use _____
Is there a particular alcoholic beverage you do not drink? Yes/No (circle one) What?:_____
_____
Do you switch around, depending on mood? Yes/No (circle one)
In general, when do you drink alcoholic beverages or use drugs? _____
_____
At the time of your arrest, what was the reason/occasion/cause for you to have been drinking or using drugs prior to driving? _____
_____
_____
_____
Have you ever attended Alcoholics Anonymous, AL ANON or similar substance abuse support groups? Yes/No (circle one), Describe _____
Do you believe that you are presently dependent on alcohol or drugs of any type? _____
Have any members of your immediate family (including aunts, uncles and grandparents) had a problem with alcohol/drugs? If so, who?_____
How can you tell when you're drunk/high? _____
_____
How often per week (or per month) do you consume alcohol/drugs? _____
_____
On a day/evening when you are consuming alcohol/drugs, how much do you normally use? __
_____
Is it common for you to "mix" or change the type of alcohol that you use (e.g. drink beer and have occasional "shots")? _____
At the time of your arrest, did you "mix" types of alcohol/drugs prior to being arrested? _____

(12) EFFECTS OF A POSSIBLE CONVICTION

What effect would a conviction have on you personally? _____
_____
Would a conviction affect your marriage (relationship)? _____
Do you ever have to "prove" insurability to drive a "company" vehicle? Yes/No (circle one)
Do you ever need to rent a rental car, for personal/business use? Yes/No (circle one)

If yes, if you were convicted of DUI or if your license was suspended, would denial of access to rental vehicles (Avis, Hertz) affect you or your business? Yes/No (circle one) If so, explain: _____

_____

In what ways would a DUI conviction or license suspension affect your employment? Explain: _____

Are you involved in any "domestic" (divorce, child custody, etc.) case or judicial dispute that a DUI conviction or license suspension might affect? Yes/No (circle one) If so, explain: _____

_____

_____

Have you investigated the cost of insurance in the event of a DUI conviction or suspension of your license? Yes/No (circle one). Describe _____

Presently receiving worker's compensation or unemployment benefits? Yes/No (circle one)

Are you professionally licensed (i.e. teacher, attorney, registered nurse, etc.) or specially licensed (i.e. pilot, cab driver, realtor, stockbroker, etc.) such that you may lose such license as a result of a conviction? Yes/No (circle one) If so, explain: _____

_____

Does your job involve "security clearance" or "top secret" status such that your employer may be unwilling to accept a DUI conviction and let you continue working? Yes/No (circle one)

Are you currently enrolled in a college or university, where you may be subject to disciplinary suspension from school if convicted of a DUI? Yes/No (circle one). Where? _____

If your license is issued by another state (other than Georgia) are you aware that full penalties, including possible suspension of your license and added insurance assessments required by your state may go into effect against you at home if you plead guilty or are convicted in Georgia? Yes/No (circle one)

(13) EVENTS OF THE DAY OF ARREST

Date Arrested _____ Day of the Week _____

Did you sleep the night before? Yes/No (circle one) How long? _____

Was your day particularly depressing, exhausting, frustrating or sad? Explain: _____

_____

During the 24-hour period just prior to your arrest, describe your activities **IN GREAT DETAIL** from the time you woke up until the arrest occurred (list them in chronological order): (USE BACK OF THIS SHEET IF NECESSARY Tell me who you were with, what you drank, at what time the drinks were consumed, what size of drinks that you had, etc._____

_____

_____

_____

_____
_____
_____
_____
_____
_____
_____

Describe actions and conversations upon leaving the place where you were just prior to being arrest:

_____
_____
_____
_____
_____
_____

What was your intended destination when you were arrested? _____
_____

Where were you parked prior to leaving your last location? _____
Parking Brake on? Yes/No (circle one) Difficulty putting key in ignition? Yes/No (circle one)
Take 2 hands to engage ignition? Yes/No (circle one) or turn on head lights? Yes/No (circle one)
Was it raining or snowing? (Yes/No (circle one) Other conditions _____
With whom did you last talk or see before arrest? _____
Address: _____ Phone: _____
Friend? Yes/No (circle one) Relationship: _____
What did you talk about? _____
_____

Do I have your permission to interview the person/people named above? Yes/No (circle one)

(14) ROUTE DRIVEN BEFORE ARREST

What route did you follow from your last location before the arrest occurred? _____
_____
_____
_____
_____

Traffic conditions you encountered on roadways prior to being arrested? _____
Stop lights? Yes/No (circle one) How many? _____
Were they working properly? Yes/No (circle one) Caution lights? Yes/No (circle one)
Weather conditions (be specific) _____
_____

County stopped in _____ Street stopped on _____
Nearest crossing street or highway exit _____
Was the arresting officer state patrol, sheriff's deputy, city police, other? (circle one).
Was he assisted by another officer? State patrol, sheriff's deputy, city police, other? (circle one).

(15) ROADBLOCKS

Was arrest at a roadblock or license check? Yes/No (circle one). **If no, skip this section.**
How far ahead did you see it? _____
Were any signs posted as you approached this location, such as "sobriety checkpoint" or "roadblock ahead"? Yes/No (circle one)
How many other cars were there ahead of yours? _____
Were the cars ahead of you "processed" by the police in the same manner as your car? Yes/No
Did any cars ahead of you get "pulled over" for further testing of their driver(s)?Yes/No
How long did you wait in line before getting to an officer? _____
Were you given any advance notice of the roadblock (i.e. was the roadblock well marked and visible from flares, fluorescent cones, blue lights, etc.)? Yes/No (circle one) If so, give details: _____
_____
Once you got to "the point of no escape" at the roadblock, was there a sign advising of a roadblock ahead? Yes/No (circle one)
How many police vehicles did you see? _____
Did any have their blue lights on? Yes/No (circle one) If so, how many? _____
_____
How many police officers did you see? _____
Describe the exact wording and actions of the FIRST officer who approached your window (i.e. did he/she take your license first, ask questions first, put a breath tester in your mouth first, ask you to look at and follow his/her finger, etc.)_____

Were you stopped and questioned more than once while "in line"? Yes/No (circle one)
Were you stopped by a "chase" car after turning around (U-turn) or turning into a driveway, parking lot or down a side street? Yes/No (circle one)
If so, give details why you turned around or failed to go through the roadblock and describe where you were trying to go: _____

Were any sobriety tests given to you? Yes/No (circle one) [If so, go to Section 21 and complete it now then return to here to finish the remainder of the questionnaire.]
Were all of your sobriety tests administered by the arresting officer? Yes/No (circle one)
Did any other officer(s) participate in any manner in giving you any sobriety tests at the scene? Yes/No (circle one) If so, explain: _____
_____

Did any other officer(s) closely observe you being tested at the scene? Yes/No/Uncertain/Can't Recall (circle one) If so, explain: _____

_____

(16) AUTOMOBILE YOU WERE DRIVING

Make_____ Model_____ 2Dr/4Dr/wagon/van/pickup (circle one)
Owner of vehicle:_____ State licensed in:_____
When the officer first came in contact with your car, what was occurring in the car? I was:
(CIRCLE ALL THAT APPLY)
Stopped, in car-awake Yes/No. Stopped, out of car Yes/No. Stopped, inside car-asleep Yes/No. Wreck, unconscious Yes/No. Wreck, outside of car Yes/No. Wreck, left the scene Yes/No. Other

_____

Radio: On/Off Windows: Up/Down Braking? Yes/No
Head Lights: On/Off Changing Lanes? Yes/No Were you smoking? Yes/No
Were you in a conversation with a passenger? Yes/No Adjusting the radio? Yes/No
Were you otherwise distracted within the vehicle? Yes/No If so, how: _____

_____

Going straight down the road? Yes/No Turning? Yes/No Backing up? Yes/No
Stopped? Yes/No

(17) BLUE LIGHT

Blue light used by officer? Yes/No (circle one) Siren Used? Yes/No (circle one)
Did you see the officer before blue light came on? Yes/No (circle one)
Where was officer? Coming from other direction/Following/Side of Road/ Unknown (circle one)
What speed were you traveling, or were you "stopped" or parked? _____

_____

In what lane were you ? _____
Immediately after seeing the blue light, what was the first thing you did? _____

_____

How long (approximately) did it take you to pull over and stop once you saw the blue light? _____minutes _____seconds
What did you think you had done wrong to attract the officer's attention? _____

_____

In relation to your vehicle, where did the officer park the police vehicle? _____

_____

Diagram relative location of vehicles on the roadway after parking in response to the officer's blue light:

Describe first thing you did after stopping vehicle: _____

_____

Did you try to cover up the smell of alcohol/drugs on your breath? Yes/No. If yes, how?_____

Did you turn off the engine? Yes/No Did you turn off your lights? Yes/No

Did you turn off the radio? Yes/No Did you roll down the window? Yes/No

Did you get out of your vehicle? Yes/No At the Officer's Instruction/On Your Own

Did you have any difficulty doing any of these things? Yes/No (circle one)

Upon exiting your vehicle, did you "hold on" to the car or brace yourself? Yes/No (circle one)

If so, why did you do that? _____

_____

(18) DRIVER'S LICENSE AND INITIAL CONTACT BY THE OFFICER

Any restrictions on your license?_____

If so, were these restrictions being complied with when stopped? _____

Where was your license when you first began looking for it? _____

Did you get it "ready" before the officer asked for it? Yes/No (circle one)

Did you have to "fumble thru your wallet" or glove compartment to find it? Yes/No (circle one)

If you did not have your "plastic" license in your possession at the time of the "stop", give details about where the license was, and why it was not in your possession: _____

_____

_____

What were the officer's first words to you when he/she encountered you? (**Be Exact**)

_____

_____

What did you say in response? _____

What was his/her next question to you? _____

What did you say in response to this question? _____

Other conversation between you and the officer: _____

_____

Were there any witnesses to this conversation? Yes/No (circle one) If ALL witnesses not already listed, list them here (Names, addresses and phone number): _____

_____

Did officer comment on your **breath "smelling like alcohol/drugs"**, or similar words? Yes/No

Were any containers of alcohol/drugs visible to the officer as he/she observed from outside your vehicle? Yes/No/Not Certain (circle one).If so, what type and were they full and unopened, partially full (seal broken) or empties:_____

_____

Did the officer confiscate the containers, for use as "evidence" against you in this case? Yes/No/Not Certain (circle one)

Was any other suspicious or illegal item or items (i.e. weapon, rolling papers, bong, marijuana pipe or "roaches"?) visible from outside you vehicle when the police approached your vehicle?
Yes/No (circle one) If so, give details _____
_____

What were the weather conditions?
_____

What was the condition of the roadway?
_____

What was the exact location of the stop?
_____
_____

(19) CONVERSATION BEFORE (OR IN CONNECTION WITH) ARREST

When (if ever) did the officer say, "You are under arrest" (or similar words to indicate that you were not free to leave) or otherwise indicated by his actions (example: taking your license and not returning it) that you could not "just walk away" from the scene?_____
_____
_____Were you questioned by any other officer(s) after this "time of obvious detention"? Yes/No/N/A (circle one) If so, give specific questions, answers and other details: _____
_____
_____
_____
_____
At the time of these questions being asked, had the officer already take your license (or other important documents) from you? Yes/No (circle one), If so, did you ever have them returned to you before his/her questions began? Yes/No (circle one)
Did you give any "spontaneous" or voluntary statements to the police, which were not prompted by or made in response to their interrogations? [i.e. "Officer, please give me a break"]
Yes/No (circle one) If so, what? _____
_____
_____
What was your response/reaction to learning that you were going to be detained or arrested?
_____

What was the next thing officer said to you after you were told that you were under arrest/being detained? _____

_____

Your response _____

_____

Next (etc.?) _____

_____

_____

Did the arresting officer ever tell you (at the scene or after you were taken in) what other offenses that he/she was charging you with? Yes/No (circle one) If so, what did the officer say? _

_____

If not, when did you first learn that you had been charged with this (these) offense(s)? _____

_____

(20) INSURANCE AND REGISTRATION

Did the officer ask for "proof of insurance"? Yes/ No (circle one)
Did you produce proof of insurance it? Yes/No/Had no card (circle one)
In what state was the insurance issued? _____. Was it yours? Yes/No (circle one). If no, whose? _____
What company provided you coverage? _____
Did officer ask for registration papers? Yes/No (circle one). In what state registered? _____

(NOTE: IF CHARGED WITH "NO PROOF OF INSURANCE", SEND PROOF OF INSURANCE TO THIS OFFICE WITH THESE ANSWERS)

(21) FIELD SOBRIETY TESTS OR ROADSIDE SOBRIETY TESTS

Did the officer *direct* you to perform coordination/roadside sobriety tests? Yes/No (circle one) Did the officer tell you the tests were voluntary and it was your choice? Yes/No (circle one)
Exactly when (how many minutes, seconds after getting out of car) were you first requested to (told to) perform these tests? _____

_____

What was the exact wording used by the officer in making this "request or demand"? _____

_____

Did the officer ask you any preliminary questions about your physical limitations or impairments or present illnesses/medications before beginning the "test" with you? Yes/No (circle one). If so, what? _____

Before you began doing any of the field sobriety tests (including the hand-held breath tester), were you under the impression that you were "in custody" or "not free to leave"? Yes/No (circle one) If "yes", give details why you felt this way? _____

_____

Was there anything about this traffic stop that led you to believe that this was not going to be a "brief" encounter with the police? Yes/No (circle one) If "yes", give specific facts or reasons for this belief (e.g., took my license and said "You are not going anywhere after this," etc.)

_____

_____

If so, what questions did you ask, and how did the officer respond? _____

_____

_____

Describe the shoes (if any) you were wearing during the tests: _____

Shoes On/Off (circle one) Were heels higher than 2 1/2 inches Yes/No (circle one).

Were there any street lights (or other lights) above or near your locations to illuminate the area? Yes/No (circle one) Describe the lighting in the area: _____

_____

Before doing any or all of these tests, did you request to call an attorney? Yes/No (circle one)

Where were lights in relation to tests (including car headlights)? (Diagram on back of this page)

Describe the location where you performed these roadside sobriety test, including any "moving" traffic conditions, noise levels, lights or turbulence from passing vehicles, wind, "blue lights" reflecting, etc.: (Very Important)_____

_____

What were the agility or coordination tests that you performed in the order given and how did you do? [NOTE: This question is not directed to any hand-held breath testing device used, which has its own section below.]

Test Type	Officer said I did OK/Failed	I thought I did OK/Failed
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Road or shoulder conditions where tests were given: (circle where applicable)

Level/Sloping Smooth/Rocky Wet/Dry Grass/Dirt Holes/Ruts

Wide/Narrow Windy/Calm Line to Walk/No line to Walk

Raining/Snowing Hot/Cold Glasses On/Off/N/A Contacts In/Out/N/A

Crying/Nervous/Can't Recall Traffic: Heavy/Light
Distractions? Yes/No (circle one) What? _____
_____

Emergency lights still flashing while tests being conducted? Yes/No (circle one)
People gathered? Yes/No (circle one) How many? _____
Temperature _____ Humidity _____ Moonlight? Yes/No (circle one)

Explain in writing and with diagrams (such as footprints) the manner in which the officer instructed you, or demonstrated to you how each test was to be performed (add extra sheets if needed)
_____
_____
_____
_____
_____
_____
If you were asked to recite the alphabet (or part of the alphabet), when was the last time you had said you ABC's before the day/night of arrest? _____
Did you officer say the ABC's through the letter Z before asking you to? Yes/No (circle one)
On any "verbal" tests that you were asked to perform (such as counting backward), had you ever attempted that before being asked to perform on the day/night of you arrest? Yes/No (circle one)
When? _____
Were you shaking when you were being given the tests? Yes/No (circle one)
How did you feel? _____
What were you thinking? _____
_____
Did the officer demonstrate any or all the tests before you did them? Yes/No (circle one)
If so, describe which ones and exactly what he/she did or said before asking you to perform:
_____
_____
_____
Did the officer advise you what you had to do on each test to pass it? Yes/No (circle one)
What else, if anything did the officer say (including whether you "passed" or "failed", etc.) about any of these tests? _____
_____
What compelled you or caused you to attempt to perform these *voluntary* field sobriety tests?
_____
Did the officer ever indicate to you that these agility test were *100% voluntary or optional*? Yes/No (circle one)

Did the officer ever make any statement or promise to you that if you passed these tests, that he/she would let you go home? Yes/No (circle one) If so, what EXACT wording he/she used? _____

_____

Did the officer advise you whether you passed/failed each test as you completed it or attempted to complete it? Yes/No (circle one)

Did the officer ever indicate (in any manner or fashion) that you by not taking the field sobriety tests, that you would *either* lose your license or be subjected to immediate arrest or would be convicted of DUI for refusing? Yes/No (circle one)

If so, **what exact words** or conduct were used? _____

_____

_____

Did you ever *blow* into a hand-held breath tester at the scene of the stop? Yes/No/Not Applicable

If so, were you permitted to SEE the digital reading that the tester indicated? Yes/No/N/A

If so, what was it?_____

If *not* permitted to see it, did the officer tell you the result? Yes/No/Not Applicable (circle one)

What did he/she say about the result? _____

Before having you blow into the hand-held breath tester, did the officer advise you that you could either refuse or agree to provide a sample of your breath for such preliminary testing? Yes/No (circle one) If so, give details: _____

_____

_____

_____

_____

Were you asked or required to "blow" more than one time into the hand-held breath machine? Yes/No (circle one) Give details, if so: _____

_____

Did the officer ever advise you that the hand-held breath tester is *100% voluntary*, and that you had the right to refuse *without any penalty or loss of license* befalling you? Yes/No (circle one)

Did the officer ever indicate (*in any manner or fashion*) that by not blowing into the hand-held breath tester that you would lose your license or be subject to arrest? Yes/No (circle one)

If so, what exact wording or conduct did the officer use to convince you to "blow" into the hand-held tester?

_____

_____

At what point was the hand-held test given to you? Before / Midway / After / N/A(circle one) the other physical agility tests that you described in Section 19?

Was there any *physical or vocal* resistance by you or interference with the officer's arrest procedures by others while you were being detained or arrested? Yes/No (circle one) If so, explain fully:_____

_____

Did you ever curse the officer or use profanity "directed" at him/her? Yes/No (circle one)
If so, give details: _____

_____

(22) ARREST

Was any one with you when you were arrested? Yes/No (circle one). If so, who and what is the address and phone number? _____

Were you ever told you were " under arrest" or similar wording to indicate that you were going to jail? Yes/No (circle one) When, and by whom? _____
Were you told exactly why you were being arrested? Yes/No (circle one)
If the officer told you one offense (e.g. DUI), did he/she also advise you about being charged with the *other* traffic offenses for which you were ticketed? Yes/No (circle one)
What was the last thing you said (or did) before the officer told you that you were under arrest?

_____

_____What was the officer's **exact wording** to you about your being placed under arrest?

_____

_____

(23) IMPLIED CONSENT RIGHTS

At the time you were offered a breath/blood/urine test by the officer (not the hand-held field alcohol sensor) were you read or advised of your implied consent rights as follows:

Implied Consent Notice/Suspects Under Age 21

Georgia law requires you to submit to state administered chemical tests of your blood, breath, urine, or other bodily substances for the purpose of determining if you are under the influence of alcohol or drugs.

If you refuse this testing, your Georgia driver's license or privilege to drive on the highways of this state will be suspended for a minimum period of one year. Your refusal to submit to the required testing may be offered into evidence against you at trial.

If you submit to testing and the results indicate an alcohol concentration of 0.02 grams or more, your Georgia driver's license or privilege to drive on the highways of this state may be suspended for a minimum period of one year.

After first submitting to the required state tests, you are entitled to additional chemical tests of your blood, breath, urine or other bodily substances at your own expense and from qualified personnel of your own choosing.

Will you submit to the state administered chemical test of your (designate which tests) under the implied consent law?

Implied Consent Notice/Suspects Age 21 or Over

Georgia law requires you to submit to state administered chemical tests of your blood, breath, urine, or other bodily substances for the purpose of determining if you are under the influence of alcohol or drugs.

If you refuse this testing, your Georgia driver's license or privilege to drive on the highways of this state will be suspended for a minimum period of one year. Your refusal to submit to the required testing may be offered into evidence against you at trial.

If you submit to testing and the results indicate an alcohol concentration of 0.08 grams or more, your Georgia driver's license or privilege to drive on the highways of this state may be suspended for a minimum period of one year.

After first submitting to the required state tests, you are entitled to additional chemical tests of your blood, breath, urine or other bodily substances at your own expense and from qualified personnel of your own choosing.

Will you submit to the state administered chemical test of your (designate which tests) under the implied consent law?

Implied Consent Notice/Commercial Motor Vehicle Driver Suspects

Georgia law requires you to submit to state administered chemical tests of your blood, breath, urine, or other bodily substances for the purpose of determining if you are under the influence of alcohol or drugs.

If you refuse this testing, you will be disqualified from operating a commercial motor vehicle for a minimum period of one year. Your refusal to submit to the required testing may be offered into evidence against you at trial.

If you submit to testing and the results indicate the presence of any alcohol, you will be issued an out-of –service order an will be prohibited from operating a motor vehicle for 24 hours. If the results indicate an alcohol concentration of 0.04 grams or more, you will be disqualified from operating a commercial motor vehicle for a minimum period of one year.

After first submitting to the required state tests, you are entitled to additional chemical tests of your blood, breath, urine or other bodily substances at your own expense and from qualified personnel of your own choosing.

Will you submit to the state administered chemical test of your (designate which tests) under the implied consent law?

When you heard these words, did you understand these warnings and the penalties and consequences stated by the officer? Yes/No (circle one)

If no, what was you interpretation of the words the officer read you?_____

_____

_____

_____

If your license was from outside the State of Georgia or if your license was commercial, were you given any additional warnings by the officer? Yes/No (circle one). What?_____

_____

At the time the warnings were given to you, had the officer told you or otherwise let you know by his/her conduct (e.g. handcuffs) that you were under arrest for DUI? Yes/No (circle one) Explain: _____

_____

If you took the officers test(s), answer the following two questions:

Did you realize that you had an absolute right to refuse the State-administered test? Yes/No
Did the officer "speed read" or hurry the reading of these warnings? Yes/No (circle one) If you believed then or believe now that the reading of these advisements was deficient in any way, please give details:

_____

_____

Did you realize or did the officer advise you that the period of your suspension of your driving privileges for a refusal to take a breath/blood/urine test was for one year, if you had no prior DUI? Yes/No (circle one)

(For those licensed by another state) Did the officer ever make any statement to you to the effect that because you were licensed by another state, it would be in your best interest to take the State's Test? Yes/No (circle one) If "yes", give details; _____

_____

_____If your driver's ***license was issued by a state other than Georgia***, at time of the arrest, did you realize or did the officer advise you that a refusal to submit to the State-administered test would only prevent you from being able to drive in Georgia for one year, perhaps with no impact on your license or right to drive in your home state (or any other state except Georgia). Yes/No (circle one) If "no," would knowing the truth about this have changed your decision as to whether to take the test or not? Yes/No (circle one)

(For ALL THIRD TIME OFFENDERS who took the State-administered test and had a test result of 0.08% or higher)

Did you realize or did the officer advise you that the period of suspension of your privileges was for two years? Yes/No (circle one)

Did you realize that you could apply for a probationary "hardship" license after the first year of your two year suspension with installation of an auto interlock device? Yes/No (circle one)

(For ALL PERSONS who took the State-administered test)

Did the wording of the first sentence of the warning administered ("You have the right to refuse the Intoxilyzer test which is being offered to determine your blood alcohol content) give you the impression that you could refuse to take it? Yes/No (circle one)

Were you ever made aware of the fact (by the arresting officer) that you had an absolute right to refuse ALL tests, and that no one could make you take a test? Yes/No (circle one)

(FOR EVERYONE, whether or not you took a test)

Other than the wording given to you from the "warning" on the proceeding pages, did the officer say anything else or elaborate or explain your obligation to submit to the official chemical sobriety test or the penalties which befall you if you refused to submit to it? Yes/No (circle one)
If "yes", give wording used by officer: _____
_____
_____

What were you doing (or what was "going on" around you) at the time that the officer was giving you these "express consent" warnings? _____
_____
Did the officer take special steps to make certain that you were listening to these warnings? Yes/No (circle one) At the time these warnings were given to you, had the officer told you or otherwise let you know by his/her conduct (e.g. handcuffs, searching you, putting you in patrol vehicle, etc.) that you were not free to leave the scene at that time or that you were under arrest for DUI? Yes/No (circle one) Explain:_____
_____
_____
Did you have any reason why you would not (or could not) take any of the particular test(s) (e.g. against religion, fear of needles, etc.)? Yes/No (circle one) If yes, describe_____

(24) MIRANDA WARNINGS

Were you given your warnings at anytime either oral or written? ("*You have the right to remain silent. You have the right to an attorney. If you want an attorney and can't afford one, the court will appoint one for you," etc.*) Yes/No (circle one) If so, by whom were these given, where were they given to you and (most important) WHEN? _____
_____
_____

Were there any witnesses to these Miranda warnings being given? Yes/No (circle one) Who? _____

What exactly did the officer say?_____

_____

Did you ever try to assert your right to speak with an attorney at anytime? Yes/No (circle one)
How did you assert this right to the officer? _____

_____

_____

Were you confused about what your rights were? Yes/No (circle one)

(25) CONVERSATION AFTER ARREST

What did the officer say or ask first after you were arrested? _____

_____

Precisely what was said or asked next and by whom? _____

_____

_____

_____

Were you struck, pushed, injured, verbally abused or "roughed up" by the officer(s) when you were arrested? Yes/No (circle one) If so, describe:

_____

_____

_____

_____

_____

(26) ACTIONS AFTER ARREST

Were you handcuffed? Yes/No (circle one) Front or back?_____
Did that make you mad? Yes/No (circle one) Say anything to officer? _____

(27) OTHER PEOPLE PRESENT

Were other people present during the arrest or during the time the field sobriety tests were being given to you? Yes/No (circle one) Who? _____
If names are not known, describe each of them to the best of you ability and where and when you encountered this person(s): _____

_____

Did any of them talk to you, become involved in anyway in your arrest, or test you? Yes/No (circle one)
Who? _____
What transpired between you and each of these people?_____

(28) CAR TOWING OR REMOVAL FROM SCENE

(Complete this section if applicable)

What happened to your car? _____
Was it towed away? Yes/No (circle one) By what towing service? _____
Were you present when it was taken (towed) from the scene? Yes/No (circle one)
What were you doing (or where were you) when the tow truck arrived? _____
_____
Did the tow truck operator observe any of your "sobriety" testing? Yes/No (circle one)
Did you speak to the tow truck operator? Yes/No (circle one)
Did you get a copy of the tow truck operator's report? Yes/No (circle one)
Did you have to sign a permission form? Yes/No (circle one)
Was your vehicle searched? Yes/No (circle one) Were you present? Yes/No (circle one)
Was anything removed (missing) from your vehicle or was it "ransacked"? Yes/No (circle one)
If so, describe in detail: _____
_____
If you had a cellular phone available, did the officer ever offer to let you call someone to come get your vehicle or offer an alternate towing company? Yes/No (circle one)
If "yes", how long after you were "arrested" did the tow truck arrive?_____
Did you ever hear or notice the officer requesting a "transport" or "tow" vehicle on his/her two-way radio? Yes/No (circle one) If yes, when did you hear this? _____
Did arresting officer stay at the scene until the vehicle was towed away? Yes/No (circle one)

(29) TRANSPORTATION TO HEADQUARTERS/JAIL

Describe everything that took place in route to the headquarters or the jail: Conversations (who said what, when): _____
_____
_____
Did you have anything in you mouth while you were being transported to jail? (i.e. chewing gum, smokeless tobacco, cough drops, tic-tac, cigarette, a penny, etc.)? Yes/No (circle one)
Did you ask the transporting officer any questions or talk to the person during the trip? Yes/No (circle one)
If so, what did you say? _____
_____
What did the officer do or say during this time? (whistle, hum, etc.): _____
_____

Were you cooperative with the officer, or belligerent? _____

(30) AT THE STATION/JAIL/TESTING FACILITY

Did you see a clock when you arrived? Yes/No (circle one) Time: _____
How many officers? _____ Conversation with anyone? Yes/No (circle one)
Who? _____
_____
Were you asked any health or environment contamination questions, such as "are you taking any medication", "do you have false teeth or a bridge", "have you been around any paint vapors or other chemicals today", etc., before you took the State's test? Yes/No (circle one)
If so, what were you asked, and what was your response to these questions? _____
_____
_____
Searched? Yes/No (circle one) Fingerprinted? Yes/No (circle one) Videotaped? Yes/No Was a "mug shot" taken of you? Yes/No (circle one)
Were you fingerprinted before your breath test?_____
Did you wash your hands before your breath test? If so, where did you wash them? Type of soap? _____
Did you sign any papers? Yes/No (circle one) If so, what type of papers? _____
_____
Did the arresting or testing officer make any statements about you, or about the circumstances of your arrest, or about your alcohol "reading", or anything else of significance to other officers? Yes/No (circle one) What was said? _____
_____
Did the arresting officer (or any officer) ask you about *prior* DUI offenses or comment to you that your computer record showed *prior* DUI(s)? Yes/No (circle one)
Without being asked about this, did you say anything to the officer about *prior* DUI(s) that you had? Yes/No (circle one) If yes, give details: _____
_____
Was the arresting officer *physically present* in the room where you were given the test, and did he/she keep you in view for at least 20 minutes at the testing facility? Yes/No (circle one)
Explain: _____
_____
Did any officer(s) make comments to the arresting officer or testing officer or to YOU? Yes/No (circle one)
What did they say? _____
_____
_____
Were you permitted to go to the rest room? Yes/No (circle one) When? _____

Permitted to make a telephone call? Yes/No (circle one) If "yes", when was this permitted? _____

To whom?_____

(31) BREATH TESTS

(The next three sections should be completed by you ONLY if you were administered a breath test by the police after your arrest. If no breath test was given, skip these sections and complete Section 32 of this questionnaire)

Testing officer's/operator's name: _____
Officer's/Operator's police agency: _____
Did the arresting officer perform your breath test? Yes/No (circle one)
Was Officer/Operator present when you arrived for testing? Yes/No (circle one)
Did the breath test operator arrive afterwards? Yes/No (circle one) When? _____
Did operator *turn* on the breath machine 20 minutes before asking you to "blow"? Yes/No
Did you hear the breath machine make any computer-generated "*beeps*" or "*chirps*" before or during your testing? Yes/No (circle one) If "yes", what do you recall hearing, and when did you hear it? _____

_____Did he/she or any other officer(s) in the testing room have their walkie-talkie or portable radios on their belt? Yes/No (circle one)
While in the room where the testing was being conducted, did you ever *hear or observe* an officer (any officer) use radio equipment in communication with the dispatcher or with other officers? Yes/No (circle one) If "yes", give details:_____

_____

_____

Was anyone smoking in the testing room prior to or during the time you were being tested? Yes/No (circle one)
How long before the testing operator begin "observing" you prior to the testing in minutes? ____
Was his observation of you **continuous** and uninterrupted? Yes/No (circle one) if no, describe

_____

Where was the arresting officer during this time? _____
Time of first test: _____ Reading: _____
Time of second test: _____ Reading: _____
Time of third test (If given) _____ Reading: _____
Breath sample saved? Yes/No (circle one) If "yes" where is it? _____
Did you hear any police radio transmissions on any walkie-talkie during the time you were waiting to be tested? Yes/No (circle one) If so, who was the officer and what did you hear? _____

(31) BREATH TESTS (cont.)

Were there witnesses to your breath/blood/urine test? Yes/No (circle one) Who?_____
Describe approximate room temperature and lighting conditions: _____
Did anyone ask to *look inside you mouth* before you were tested? Yes/No (circle one)
If so, give details: _____

_____

At the test location, did anyone ask you if you had been around any *paint vapors, volatile chemicals or solvents* during the day prior to when you were stopped? Yes/No (circle one)
Give details:_____

_____

Did anyone ask you about *false teeth, "bridge" work or dental plates*? Yes/No (circle one) Give complete details: _____

Did you have a *"fever"* or elevated body temperature when tested? Yes/No (circle one) If so, was the elevated body temperature from dancing/exercising/sunbathing/monthly "cycle" (women)/or other exertion (circle one) Indicate other causes: _____

_____

Are you a smoker? Yes/No (circle one)
Did you smoke while being transported to the breath testing location, or upon arrival there? Yes/No (circle one)

Did you have any difficulty performing the breath/blood/urine test? Yes/No (circle one) If so, give details: _____

_____

If a repeat "blow" was required on the official sobriety breath test (not the hand-held test), was the mouthpiece changed *each time*? Yes/No (circle one) Explain _____
Were you allowed to smoke, drink water or put anything into your mouth within 20 minutes before the breath test was administered? Yes/No (circle one) If so, give details: _____

_____

During the day, were you exposed to (i.e. did you inhale fumes or did your skin or clothing come in contact with) any type of solvents or chemicals at home or at work (e.g.: hair spray, nail polish, nail polish remover, paint stripper, paint fumes, paint thinner, brass polish, acetone-based chemicals, glue, gasoline, kerosene, turpentine, methanol, toluene, xylene, isopropanol, acetone, etc.). Yes/No/Can't Recall/NA (didn't take breath test) (circle one) If so, what? _____

How long before your arrest had you ceased using/last been exposed to the chemicals or fumes?

_____

Had you eaten a sandwich or light bread shortly before being pulled over? How long before? What kind of bread?_____
Did anyone including the police officer see the bread? _____
Did you use chewing tobacco or snuff before or at the time of driving? Yes/No/(circle one) If so, what and when?_____
Have you been diagnosed with Diabetic condition? _____
Had you used a mouthwash/throat spray/cold or cough remedies before being pulled over? Yes/No/(circle one) If so, what and when? _____

(32) CONVERSATION WITH BREATH TEST OPERATOR

Did the breath testing operator ask you any questions? Yes/No (circle one) If so, what? _____
_____
_____
Did the breath testing operator give you any instructions or explain how the machine worked or how you were to "blow" into the machine? Yes/No (circle one) If so, what? _____
_____
_____
Was the arresting officer present and observing all procedures at all times during the testing process? Yes/No/Same officer (circle one) If not, describe his/her actions, location or conduct while testing was being performed: _____
_____
When you gave the breath sample, was your body in an upright standing/seated position (perpendicular to the floor) or were you leaning forward to reach the mouthpiece from a sitting or standing position? Describe in detail: _____
_____
Did you ever see the numerical reading on the breath-testing machine? Yes/No (circle one)
If so, **what was the numerical reading**? _____ Did officers comment on the "result" in anyway? Yes/No (circle one) If so, what was the statement or comment and by whom?
_____
_____
Did the breath test operator ever write anything on your citation or on your test result slip? Yes/No (circle one) If so, what did he/she write? _____
_____
Did you ever ask the testing operator about calling an attorney or any other person before taking the State's test? Yes/No (circle one) If so, what explanation was given to you as to why you could not have access to a phone? _____
_____

(33) BREATH TESTING ROOM LAYOUT

Diagram the layout (show room dimensions, door location, chairs, table, breath testing machine, phone, storage area, cabinets, any other appliances (e.g. microwave), rest room, booking area, exhaust fan):

(34) BLOOD/URINE TESTS

(THIS SECTION SHOULD ONLY BE COMPLETED IF YOU WERE GIVEN A BLOOD OR URINE TEST BY THE POLICE, IF YOU REFUSED, SKIP IT

Did you give blood/urine sample? Yes/No (circle one) If NO, skip this section.
Where were you taken to obtain the blood/urine test? _____
Who took you for a blood/urine test? _____
When did this occur, in relation to your time of arrest? _____
Had you already given a breath sample before taking a blood/urine test? Yes/No (circle one)
Did you consent to having this blood/urine sample taken from you? Yes/No (circle one)
What were you told or asked by the police in order to obtain your consent for this sample to be taken from you? _____

_____

Describe/name the person who drew (took) your blood/urine sample? _____
Were you required to sign any forms before the nurse/doctor/technician would take your blood/urine? Yes/No (circle one)
If so, what did you sign? _____
FOR BLOOD SAMPLES, did the person who took your blood sample use any type of cloth or swab to cleanse the surface of your skin before taking the sample? Yes/No (circle one) If so, describe **in detail** what was done to prepare the skin: _____

_____

FOR BLOOD SAMPLES, as the needle was removed from your arm, was a swab or cloth held over the puncture site by the person who took the sample? Yes/No (circle one) If so, describe how this was done: _____

_____

What happened to the blood/urine sample after it was collected from you? (Be specific as possible) _____

_____

Did the officer provide a testing kit to the person drawing/taking the blood/urine? Yes/No (circle one).If so, describe the kit and who and how it was handled:_____

_____

(35) RIGHT TO COUNSEL

Were you ever advised by anyone that you had the right to consult an attorney? Yes/No (circle one) By whom? _____ When? _____

Did you ever ask to call an attorney? Yes/No (circle one)

Did you call to an attorney? Yes/No (circle one) If so, when? _____

If you were denied the right to call an attorney before deciding whether to take the State's test, did the officer (or anyone at the station) explain why you were being denied access to legal counsel? IF SO, WHAT?_____

Did you ask for a phone book? Yes/No (circle one)

Were you physically able to read then? (i.e. coherent and not impeded)? Yes/No (circle one)

Who told you that you could call the attorney? _____ When? _____

When were you told you could make a phone call to anyone else, if you desired? _____

Did the police cooperate with you in providing phone access? Yes/No (circle one) If not, or if you were delayed in being provided phone access or if your calls were limited by the police, give details: _____

_____

Who helped you (or refused to assist you)? _____

_____

Describe the details regarding this matter: _____

_____

Where was the phone? _____

Where was the arresting officer while you were calling? _____

Where was the breath testing operator? _____

Could you talk privately? Yes/No (circle one)

Were the police listening in on your conversation? Yes/No (circle one)

Whom did you call? Their number?_____

What did you talk about? _____

_____

(36) SOBRIETY TESTS AFTER ARREST (AT STATION OR JAIL)

Were any agility or coordination tests administered after your arrest and transport to jail/Detox? Yes/No (circle one) If so, by whom? _____
When? _____ Where? _____
Were you advised you did not have to perform them? Yes/No (circle one)
Were you given Miranda warnings before you did these tests? Yes/No (circle one)
What tests (if any) were administered at the jail/Detox after you were taken into custody?
Test No. 1: _____
Test No. 2: _____
Test No. 3: _____
How did you do on the tests? _____
Why did you do them, since you were already arrested? _____
_____

(37) FORMS SIGNED

Did you ever sign your name? Yes/No (circle one) When was the first time? _____
Next? _____
What documents did you sign and why? _____
_____
Did you ever refuse to sign any document? Yes/No (circle one) What? _____
Why? _____

(38) VIDEO OR AUDIO TAPING

Was video or audio taping done at arrest scene or at testing site? Yes/No/Unknown (circle one)
Any clue(s) (i.e. officer mentioned it) that a tape may have been being made? Yes/No (circle one) Explain:
_____
_____
Did you know that a tape was being made when it was being made? Yes/No (circle one)
Did anyone advise you a video or audio tape was being made? Yes/No (circle one)
Did you see a tape recorder or a video camera? Yes/No (circle one)
What do you think that a tape would show? _____
_____
What was said or done after the recorder or video camera was turned off? _____
_____

(39) OTHER PEOPLE PRESENT DURING TESTING OR BOOKING

Were other people there? Yes/No (circle one) Who? _____

_____

Conversations with anyone? Yes/No (circle one) Who? _____

_____

What about? _____

_____

As part of your "booking," was the question asked, "Do you feel any effects of alcohol/drugs at the present time?" Yes/No (circle one) If so, what was your response? _____

_____

As part of you "booking," was the question asked, "Are you presently under the influence of alcohol or drugs?" (or, "Are you intoxicated?") Yes/No (circle one) What was your response? _____

_____

At any time during "booking" were you asked about prescription medications, inhalers, shots, etc., that you needed to take or keep with you while in custody? Yes/No (circle one) If so, by whom and what were you asked? _____

_____

(40) JAIL CONFINEMENT

Confinement alone or with others? _____
With whom? _____
For what was he/she arrested? _____

_____

Could he/she be a witness for you? Yes/No (circle one)
Did you have a conversation with him/her? Yes/No (circle one)
What about? _____

(41) RELEASE

What was your date of release? ____/____/____ at what time _____AM/PM (circle one)
Released by yourself? Yes/No If no, were you released to someone (Bondsman, friend, family member)? Yes/No (circle one)Who? _____
Address? _____
Phone Number? _____
How did that person know to come to assist you? _____
Any conversation with him/her? Yes/No (circle one)What did you talk about? _____

_____

Would he/she be a witness to your sober conduct? Yes/No (circle one) If so, give details: _____

_____

May I contact the witness? Yes/No (circle one) Best day and time? _____

(42) ACCIDENT

(This section is to be completed only if an accident of some type had occurred in connection with your DUI arrest)

Were you involved in an accident? Yes/No (circle one) If no, skip this section.
One car or more that one car involved? _____

(42) ACCIDENT (cont.)

Describe accident: _____
_____
_____
_____
_____
Did the airbag go off in your vehicle? Yes/No (circle one)
Did you notice white powder on you or in the car? Yes/No (circle one)
Please Describe the
dust:_____
_____
_____
_____
_____
_____
Did you ride in an Ambulance? Yes/No (circle one)
Did the ambulance crew administer any drugs intravenously? Yes/No (circle one)
What drugs?
_____
_____
_____
Describe your
injuries:_____
_____
_____
_____
_____
_____
_____
_____
Were you in your vehicle when the officer first arrived on the scene? Yes/No (circle one)

If "no", give details of where you were in relation to the vehicles: _____

_____

Were other persons from your vehicle there, too? Yes/No (circle one)

After the accident, did you ever leave the immediate area (for any purpose, such as call a tow truck, call police, etc.)? Yes/No (circle one) If so, give details of how long you were gone, where you went, why you left, etc.: _____

_____

Were there any injuries or death to any other person(s)? Yes/No (circle one) If so, give full details on separate sheet.

Do you recall the circumstances leading up to the accident? Yes/No (circle one) If so, give details: _____

_____

(42) ACCIDENT (cont.)

Did the arresting officer make it clear to you during the investigation that he/she was terminating the ACCIDENT investigation and BEGINNING the CRIMINAL investigation for suspected drunk driving? Yes/No (circle one) Give details about what questions the police asked, by whom and what location they asked the questions: _____

_____

_____

_____

Did the officer ask you what you had to drink and when? Yes/No (circle one)

Were you given Miranda advisements before being questioned? Yes/No (circle one)

Prior to this case, had you EVER been the driver of a vehicle in which another person (passenger, person(s) in other car, pedestrian(s) were injured or killed? Yes/No (circle one)

If so, give details: _____

_____

_____

_____

(43) SPOUSE/FIANCÉE/PARENT/LIVING PARTNER'S ATTITUDE

Does spouse (Fiancée/parent/living partner, etc.) know about your arrest? Yes/No (circle one)

Is she or he angry or supportive of you? _____

What are her/his comments? _____

_____

Can this person be counted upon for financial support? Yes/No (circle one)

(44) DRIVING AND CRIMINAL RECORD

Have you had a prior DUI/DWAI in your LIFETIME---ANYWHERE? Yes/No (circle one)
If so, when? _____ City _____ State _____
Court which handled case: The _____ Court of _____
Any other DUI convictions (including *nolo contendere* plea) during your lifetime, anywhere? Yes/No (circle one) {NOTE: *the prosecutor will have this information, and I must know the entire history to be able to properly analyze your chances at trial.*}
If any other DUI offenses anywhere, list all below, including court, city, state, and date (month and year) of arrest: _____
_____
Represented by an attorney? Yes/No (circle one) If so, by whom? _____
Plea: _____ Trial? Yes/No (circle one) Result? _____
What court? _____ Judge's name _____
Presently on probation for prior DUI/DWAI? Yes/No (circle one)
On probation for any offense(s)? Yes/No (circle one) If so, give details: _____
Ever involved in an accident involving death or serious injury regardless of whether DUI involved? Yes/No (circle one) If so, fully state the circumstances: _____
_____
_____
_____
Was your license under suspension anywhere when arrested in this case? Yes/No (circle one) Give details:
_____
_____
Prior Driving Suspension (whether in effect now or not)? _____
_____
Prior SERIOUS Traffic Violations (racing, attempting to elude an officer, hit and run, leaving the scene of an accident, etc.) (Show offense(s) below and approximate date(s) of occurrence)?
_____
_____
_____
Prior MINOR Traffic Violations (show offense(s) and approximate date(s) of occurrence?
_____
_____
_____
Prior criminal record of any type (not already mentioned), especially alcohol-related or drug-related charges, such as "underage possession of alcohol", "open container violation", "possession of marijuana", "public intoxication": _____
_____

(45) OTHER ATTORNEYS

Prior to coming to me for legal assistance, did you consult with any other attorney(s) about the present DUI case? Yes/No (circle one) If so, with whom did you consult? _____

_____

Do you understand what you are free to follow that attorney's advice (or any other attorney's advice) and that you are in no way bound to use my legal services in your case unless you hire me? Yes/No (circle one)

(46) REFUSAL OF THE STATE'S BREATH, BLOOD OR URINE TESTS

(Complete this section ONLY IF you REFUSED (or allegedly refused) to submit to the State's breath or blood tests as requested by the arresting officer.)

What actions were taken or statements were given by the police officer just prior to your refusal to take the state's test(s)? _____

_____

Why did you refuse (or why did the officer claim that you refused) the state's test(s)? _____

_____

In what way (or with what words or conduct) did you (allegedly) refuse to take the state's test(s)? _____

_____

Were you aware that your license (or privilege to drive on Georgia highways) would be suspended for one year by administrative action (Department of Motor Vehicles) for refusing to submit to the state's test(s)? Yes/No (circle one)

Did you believe you could get a "work permit" if your license was suspended for a refusal? Yes/No (circle one). Why?_____

(For first offenders---persons with no DUI convictions) At the time of your arrest did you mistakenly believe (based upon the officer's wording to you) that you would get the same or worse penalty (suspension of one year or more) if you took the test and failed, as if you refused it? Yes/No (circle one) If "yes", elaborate: _____

_____

At the time that you refused the state's test(s), had the officer(s) done anything to frighten you or say anything to offend you to such a degree that you were unwilling to cooperate with them? Yes/No (circle one) If so, explain: _____

_____

Were you suffering any pain, discomfort or other physical or mental impairment which would have justified your refusal of (or explained your refusal of) the state's test(s)? _____

_____

(47) OTHER CHARGES FROM SAME INCIDENT

(IF YOU WERE CHARGED WITH ANY OTHER OFFENSES OR CRIMES, GIVE THE FOLLOWING INFORMATION ON EACH SEPARATE OFFENSE.)

1. Offense: _____
Describe the driving or activities that led to this charge made against you: _____
_____
_____
Were you aware that you committed this offense? Yes/No (circle one)
If "no" give details to explain: _____
_____
_____
Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes/No (circle one) Explain: _____
_____
_____
_____
2. Offense: _____
Describe the driving or activities that led to this charge made against you:_____
_____
_____
Were you aware that you committed this/these offense? Yes/No (circle one)
If "no" give details to explain: _____
_____
_____
Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes/No (circle one) Explain: _____
_____
_____
_____
3. Offense: _____
Citation No. _____
Describe the driving or activities that led to this charge made against you:_____
_____
_____
Were you aware that you committed this offense? Yes/No (circle one)
If "no" give details to explain: _____
_____
_____
Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes/No (circle one) Explain: _____

_____

_____

_____

(48) OTHER MATTERS

If you want to bring anything to our attention but have not previously done so please do it here.

_____

_____

_____

_____

IMPORTANT NOTE: When returning these forms, if you have not supplied me with copies of the following, please do so.

1. All traffic citations (summons) that you received after being arrested.
2. Any "breath test" machine tape.
3. Any accident report from the case.
4. Any incident report from the case.
5. Any bond release forms received.
6. Any personal items inventory forms (jail intake or documents received)
7. Tow company records.
8. The license revocation form.
9. Any previous DUI offenses that are in your possession.
10. Notice of suspension (Form 1205)

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FORGOING INFORMATION IS TRUE AND CORRECT.

_____

NAME

_____

DATE