

# THE CISAR LAW FIRM, P.C

## BWI CLIENT INFORMATION FORM

DATE: \_\_\_\_\_ WHO REFERRED YOU TO OUR FIRM: \_\_\_\_\_

IDENTIFYING INFORMATION	FULL LEGAL NAME: _____
	AGE: _____ DOB: _____ SS# _____
	DRIVERS LICENSE #: _____ RACE: _____
	SEX: _____ ARE YOU A U.S CITIZEN? IF NO, EXPLAIN: _____

CONTACT INFORMATION	MAILING ADDRESS: _____
	PHYSICAL ADDRESS: _____
	COUNTY: _____ HOW LONG IN THIS COUNTY: _____
	CELL #: _____ HOME #: _____
WORK #: _____ EMAIL: _____	

ABOUT YOU	MARITAL STATUS: _____ NAME OF SPOUSE: _____
	CHILDREN: _____
	PLEASE DETAIL ANY UNIQUE THINGS ABOUT YOU (business owner, student, volunteer info, professional awards, honors, recognitions, accolades, etc.): _____ _____ _____

EMPLOYMENT	PLACE OF EMPLOYMENT: _____
	EMPLOYER ADDRESS: _____
	HOW LONG HAVE YOU BEEN THERE: _____ HOURS: _____
POSITION OR TYPE OF WORK: _____	

YOUR HISTORY	ANY PRIOR ALCHOL OFFENSES: _____ IF YES, PLEASE PROVIDE THE CHARGES AND YEAR OF THE INCIDENT: _____
	ANY PRIOR CRIMINAL HISTORY: _____ IF YES, PLEASE PROVIDE THE CHARGES AND YEAR OF THE INCIDENT: _____
	ANY PRIOR TRAFFIC OFFENSES: _____ IF YES, PLEASE PROVIDE THE CHARGES AND YEAR OF THE INCIDENT: _____

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INCIDENT ARREST INFORMATION

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

PLACE OF ARREST: \_\_\_\_\_

ARRESTING DEPARTMENT, OFFICER AND/OR BADGE NUMBER: \_\_\_\_\_

LIST ALL TICKETS YOU RECEIVED WITH TICKET NUMBERS: \_\_\_\_\_

IS YOUR DRIVERS LICENSE IN YOUR POSSESSION: \_\_\_\_\_

DO YOU HAVE A COURT DATE: \_\_\_\_\_ IF, YES, ENTER DATE: \_\_\_\_\_

AT THE TIME OF YOUR ARREST DID YOU HAVE A VALID MISSOURI DRIVERS LICENSE: \_\_\_\_\_

AT THE TIME OF THIS INCEDENT DID YOU HAVE VALID AUTO INSURANCE: \_\_\_\_\_

DISTANCE YOU WERE FOLLOWED BY WATER PATROL: \_\_\_\_\_

PASSENGERS IN THE BOAT YOU WERE DRIVING:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TO THE BEST OF YOUR KNOWLEDGE, WOULD THESE INDIVIDUALS BE WILLING TO TESTIFY IF CALLED TO DO SO AT A HEARING OR TRIAL ON YOUR BEHALF: \_\_\_\_\_

BRIEFLY DESCRIBE THE FACTS LEADING UP TO YOUR ARREST. WHY DO YOU FEEL YOU WERE STOPPED? WHAT REASON DID THE OFFICER GIVE YOU? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW WERE YOU DRESSED AT THE TIME OF YOUR ARREST: \_\_\_\_\_

\_\_\_\_\_

WAS THERE ANYTHING UNUSUAL OR DIFFERENT ABOUT YOUR APPEARANCE AT THE TIME: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WERE YOUR CLOTHES CLEAN OR SOILED: \_\_\_\_\_

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INCIDENT ARREST INFORMATION (continued)

WHAT DID YOU SAY TO THE ARRESTING OFFICERS: \_\_\_\_\_  
\_\_\_\_\_

WHAT DID THE OFFICER SAY TO YOU: \_\_\_\_\_  
\_\_\_\_\_

WERE YOUR CONSTITUTIONAL RIGHTS GIVEN (RIGHT TO AN ATTORNEY, RIGHT TO REMAIN SILENT, ETC.): \_\_\_\_\_

WHEN WERE THEY GIVEN: \_\_\_\_\_

WHERE WERE THEY GIVEN: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

DID YOU MAKE ANY STATEMENTS **BEFORE** BEING READ YOUR RIGHTS? PLEASE EXPLAIN IF YES:  
\_\_\_\_\_  
\_\_\_\_\_

DID YOU MAKE ANY STATEMENTS **AFTER** BEING READ YOUR RIGHTS? PLEASE EXPLAIN IF YES:  
\_\_\_\_\_  
\_\_\_\_\_

WAS YOUR BOAT SEARCHED: \_\_\_\_\_ IF YES, WHAT PROPERTY WAS TAKEN FROM BOAT: \_\_\_\_\_

WERE YOU SEARCHED: \_\_\_\_\_ IF YES, WHAT PROPERTY WAS TAKEN FROM YOU: \_\_\_\_\_

DID AN ACCIDENT OCCUR: \_\_\_\_\_ IF, YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOBRIETY TESTS

WERE YOU ASKED, DIRECTED OR ORDERED TO PERFORM FIELD SOBRIETY TESTS (FINGER-TO-NOSE, LINE WALK, ETC.) \_\_\_\_\_ IF, YES, DID YOUR PERFORM THE TESTS: \_\_\_\_\_

HOW LONG AFTER YOU STOPPED DRIVING WERE THE TESTS PERFORMED: \_\_\_\_\_

WHEN AND WHERE DID YOU PERFORM THE TESTS: \_\_\_\_\_

WAS TEST AT THE SCENE OF ARREST GIVEN ON YOUR BOAT: \_\_\_\_\_

WAS LAKE CALM OR CHOPPY: \_\_\_\_\_

WHAT WERE THE LIGHTING CONDITIONS AT THIS TIME: \_\_\_\_\_

WERE THE TESTS PERFORMED NEAR PASSING BOATS: \_\_\_\_\_

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SOBRIETY TESTS (continued)

WHICH OF THE FOLLOWING TESTS DO YOU RECAL PERFORMING:

FINGER-TO-NOSE \_\_\_\_\_ WALK-THE-LINE \_\_\_\_\_ ONE-LEG STAND \_\_\_\_\_  
FOLLOW THE PEN WITH YOUR EYES: \_\_\_\_\_ BALANCE: \_\_\_\_\_ ABC'S: \_\_\_\_\_

OTHER: \_\_\_\_\_

DID THE OFFICER ASK YOU ANY QUESTIONS PRIOR TO PERFORMING ANY SUCH TESTS, ABOUT

YOUR PHYSICAL LIMITATIONS OR IMPAIRMENTS: \_\_\_\_\_

WHAT TYPE OF FOOTWEAR WERE YOU WEARING: \_\_\_\_\_

WHAT WERE THE WEATHER CONDITIONS: \_\_\_\_\_

WHAT PHYSICAL LINE WAS USED IN THE WALK-THE-LINE TEST: \_\_\_\_\_

WERE THE OFFICERS INSTRUCTIONS CLEAR: \_\_\_\_\_

DID THE OFFICER FIRST DEMONSTRATE THE TESTS: \_\_\_\_\_

DID THE OFFICER RECORD THE TESTS AS THEY WERE TAKEN: \_\_\_\_\_

DID ANYONE ELSE WITNESS THE TESTS: \_\_\_\_\_

HOW DO YOU THINK YOU DID ON TESTS: \_\_\_\_\_

DID THE OFFICER TELL YOU HOW YOU DID: \_\_\_\_\_

HOW MANY HOURS HAD YOU WORKED PRIOR TO YOUR ARREST: \_\_\_\_\_

HOW MUCH SLEEP DID YOU HAVE 24 HOURS PRIOR TO ARREST: \_\_\_\_\_

WERE YOU VIDEOTAPED AT ANY TIME BY THE POLICE? WHEN ? \_\_\_\_\_

DID YOU EVER BLOW INTO A HANDHELD BREATH TEST AT THE SCENE OF THE STOP: \_\_\_\_\_

PHYSICAL CONDITIONS AND FACTORS

DID YOU CONSIDER YOURSELF TO BE UNDER THE INFLUENCE OF ALCOHOL AT THE TIME OF YOUR

ARREST: \_\_\_\_\_ DID THE DRINKS YOU HAD AFFECT YOUR DRIVING: \_\_\_\_\_

ALCOHOL CONSUMED PRIOR TO ARREST, PLEASE LIST EACH DRINK BEGINNING WITH YOUR LAST"

DRINK: \_\_\_\_\_ TYPE OF ALCOHOL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIME: \_\_\_\_\_

DRINK: \_\_\_\_\_ TYPE OF ALCOHOL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIME: \_\_\_\_\_

DRINK: \_\_\_\_\_ TYPE OF ALCOHOL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIME: \_\_\_\_\_

DRINK: \_\_\_\_\_ TYPE OF ALCOHOL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIME: \_\_\_\_\_

**TOTAL NUMBER OF DRINKS YOU HAD:** \_\_\_\_\_

WHAT DID YOU HAVE TO EAT DURING THE 12 HOUR PERIOD PRIOR TO YOUR ARREST AND WHEN

DID YOU EAT?

FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_ FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_ FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_ FOOD: \_\_\_\_\_ TIME: \_\_\_\_\_

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PHYSICAL CONDITIONS AND FACTORS (continued)

HOW TALL ARE YOU: \_\_\_\_\_ HOW MUCH DO YOU WEIGH: \_\_\_\_\_

WHAT TIME DID YOU START DRINKING: \_\_\_\_\_

PROVIDE THE NAMES AND CONTACT INFORMATION FOR ALL INDIVIDUAL WHO WERE WITH YOU

AT THE TIME YOU WERE DRINKING:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TO THE BEST OF YOUR KNOWLEDGE, WOULD THESE INDIVIDUALS BE WILLING TO TESTIFY IF

CALLED TO DO SO AT A HEARING OR TRIAL ON YOUR BEHALF: \_\_\_\_\_

MEDICAL CONDITION

WERE YOU UNDER THE CARE OF A DOCTOR AT THE TIME OF YOUR ARREST? \_\_\_\_\_

IF YES, PLEASE PROVIDE THE CONTACT INFORMATION OF THE DOCTOR:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAD YOU SEEN THE DENTIST WITHIN THE 24-HOUR PERIOD PRIOR TO YOU ARREST: \_\_\_\_\_

IF YES, PLEASE PROVIDE THE CONTACT INFORMATION OF THE DENTIST:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DISABILITY WHICH WOULD CAUSE YOU TO LIMP OR HAVE IMPERFECT

BALANCE, OR DID YOU HAVE ANY INJURIES AT THE TIME OF YOUR ARREST THAT WOULD CAUSE

YOU TO LOOK INTOXICATED: \_\_\_\_\_

WERE YOU TAKING ANY MEDICINE OR DRUGS AT THAT TIME SUCH AS COLD PILLS, ASPIRIN,

ANTIHISTAMINES, TRANQUILIZERS, WEIGHT CONTROL PILLS, ETC: \_\_\_\_\_

DO YOU HAVE A SPEECH IMPAIRMENT: \_\_\_\_\_

PLEASE PLACE AN 'X' NEXT TO ANY OF THE FOLLOWING PHYSICAL CONDITIONS YOU MAY HAVE:

FALSE TEETH/BRIDGE: \_\_\_\_\_ DIABETES: \_\_\_\_\_ HEART DISEASE: \_\_\_\_\_

INNER EAR PROBLEM: \_\_\_\_\_ ASTHMA: \_\_\_\_\_ EMPHYSEMA: \_\_\_\_\_

ARTHRITIS: \_\_\_\_\_

DO YOU HAVE ANY DENTAL WORK THAT MAY HAVE ABSORBED ALCOHOL: \_\_\_\_\_

DID YOU BELCH, BURP OR REGURGITATE DURING THE ARREST OF BREATH TEST \_\_\_\_\_

WERE YOU CHEWING GUM, CANDY OR ANYTHING ELSE PRIOR TO THE BREATH TEST: \_\_\_\_\_

WERE YOU ALLOWED TO SMOKE, DRINK OR PUT ANYTHING INTO YOUR MOUTH WITHIN 20

MINUTES BEFORE THE BREATH TEST: \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

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## MEDICAL CONDITION (continued)

DO YOU WEAR GLASSES OR CONTACTS: \_\_\_\_\_

IF YES, WHAT IS YOUR CORRECTIVE READING \_\_\_\_\_

LIST ANY PHYSICAL DISABILITIES: \_\_\_\_\_

LIST ANY MAJOR ILLNESSES: \_\_\_\_\_

ANY PSYCHIATRIC TREATMENT: \_\_\_\_\_

LIST ALL ALLERGIES: \_\_\_\_\_

HAVE YOU EVER ATTENDED ALCOHOLICS ANONYMOUS, AL-ANON, OR SIMILAR SUBSTANCE ABUSE SUPPORT GROUPS: \_\_\_\_\_ IF YES, WHEN AND WHAT GROUP: \_\_\_\_\_

DURING THE EIGHT HOURS PRIOR TO YOUR ARREST, WERE YOU EXPOSED TO ANY TYPE OF SOLVENTS OR CHEMICALS IN THE HOME OR AT WORK (PAINT FUMES, GASOLINE, ETC.): \_\_\_\_\_

## CONDITION OF YOUR BOAT

DO YOU OWN THE BOAT YOU WERE DRIVING AT THE TIME OF THE ARREST: \_\_\_\_\_

IF YES, HOW LONG HAVE YOU OWNED IT: \_\_\_\_\_

PLEASE LIST THE MAKE, MODEL AND YEAR: \_\_\_\_\_

DESCRIBE THE CONDITION OF THE CAR: \_\_\_\_\_

STEERING WAS LAST CHECKED, WHEN: \_\_\_\_\_

TIRE CONDITION: \_\_\_\_\_ BRAKE CONDITION: \_\_\_\_\_

DESCRIBE ANY MECHANICAL DEFECTS: \_\_\_\_\_

NAME OF MECHANIC WHO WORKS ON THIS BOAT: \_\_\_\_\_

WEATHER AND WATER CONDITIONS, PLEASE CHECK ALL THAT APPLIED TO THE TIME OF ARREST:

CALM _____	CHOPPY _____	WINDY _____	DARK _____
DRY _____	LIGHT _____	FOGGY _____	NORMAL _____
RAINY _____	SLEET _____	HAIL _____	SNOW _____
DRIZZLE _____	SLIPPERY _____	WET _____	

WAS BOAT TOWED AFTER YOUR ARREST \_\_\_\_\_

IF CAR WAS RELEASED, TO WHOM WAS IS RELEASED: \_\_\_\_\_

## ALCOHOL TESTS

WERE YOU READ AN (IMPLIED CONSENT) ADVISORY CONCERNING THE OFFICER'S REQUEST FOR A BREATH TEST: \_\_\_\_\_

DID THE OFFICER "SPEED READ" OR HURRY THE READING OF THESE WARNING: \_\_\_\_\_

WHERE WERE YOU AT THE TIME THIS ADVISORY WAS GIVEN: \_\_\_\_\_

WHAT DID THE OFFICER SAY WOULD HAPPEN IF YOU REFUSED A CHEMICAL TEST OF YOUR BREATH: \_\_\_\_\_

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ALCOHOL TESTS (continued)

WERE YOU ADVISED THAT YOU COULD TAKE ANOTHER TEST (i.e. BLOOD TEST): \_\_\_\_\_

WERE YOU ADVISED YOU COULD HAVE YOUR PHYSICIAN TAKE BLOOD TEST: \_\_\_\_\_

DID YOU REQUEST YOUR OWN INDEPENDENT TESTS BE TAKE: \_\_\_\_\_

WERE YOU ADVISED THAT YOUR COULD **NOT** CONTACT AN ATTORNEY BEFORE DECIDING WHETHER OR NOT TO TAKE A TEST: \_\_\_\_\_

WERE YOU THREATENED OR COERCED INTO TAKING OR REFUSING TO TAKE A TEST: \_\_\_\_\_

IF YOU SUBMITTED TO THE BLOOD, BREATH OR URINE TEST, PLEASE EXPLAIN WHY YOU DID OR DID NOT TAKE THE TEST: \_\_\_\_\_

WHICH TEST(S) DID YOU TAKE; BREATH, BLOOD OR URINE: \_\_\_\_\_

IF YOU SUBMITTED TO THE BREATH TEST, DID THE TESTING OFFICER "OBSERVE" YOU (i.e. NOT LEAVE THE ROOM OR TURN AWAY) FOR AT LEAST 20 MINUTES PRIOR TO TESTING: \_\_\_\_\_

DID YOU HEAR ANY POLICE RADIO TRANSMISSIONS ON ANY WALKIE-TALKIE DURING THE TIME YOU WERE BEING GIVEN THE BREATH TEST: \_\_\_\_\_

WERE YOU PROVIDED WITH THE RESULTS OF ANY TESTS: \_\_\_\_\_ IF YES, WHAT WERE THE RESULTS: \_\_\_\_\_