

THE CISAR LAW FIRM, P.C

DWI 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 TRAFFICE 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 THE POLICE: _____

PASSENGERS IN THE CARE 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 VEHICLE SEARCHED: _____ IF YES, WHAT PROPERTY WAS TAKEN FROM VEHICLE:

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: _____

WERE THE TESTS PERFORMED ON A LEVEL/FLAT SURFACE: _____

WHAT TYPE OF SURFACE: _____

WHAT WERE THE LIGHTING CONDITIONS AT THIS TIME: _____

WERE THE TESTS PERFORMED NEAR PASSING CARS: _____

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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.): _____

CAR AND ROAD CONDITIONS

DO YOU OWN THE VEHICLE 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 VEHICLE: _____
WEATHER AND ROAD CONDITIONS, PLEASE CHECK ALL THAT APPLIED TO THE TIME OF ARREST:
BLACKTOP _____ DIRT _____ OTHER _____ DARK _____
DRY _____ LIGHT _____ FOGGY _____ NORMAL _____
RAINY _____ SLEET _____ HAIL _____ SNOW _____
DRIZZLE _____ SLIPPERY _____ WET _____
WAS YOUR CAR 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: _____