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DWI – DUI CASE EVALUATION FORM

Contact Information

Name

Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

E-Mail Address

Please specify contact preferences as to how/when/where you are contacted.

License, Legal & DWI/DUI History

Driver's License No.

State of License

Date of Birth

Are you on probation? Yes No

If you are on probation please indicate where:

Have you been previously charged with a DWI/DUI? Yes No

If you have been previously charged with DWI/DUI discuss below the facts of the case including date(s), location(s), and result(s)

Dates & Location of Arrest and Court

Date of Arrest

City of Arrest

State of Arrest

County of Arrest

Court Date

Name of Court

Field Sobriety/Blood/Breath Testing Information

Was the field sobriety test administered on location of arrest stop? Yes No

If you answered "yes" above, which of the following tests were you given:

- Yes No Handheld Breath Test
 Yes No Walk-and-turn 9 steps heel to toe
 Yes No One-Leg Stand
 Yes No Follow-the-Pen-With-Eyes
 Yes No Say the Alphabet
 Yes No Touch Your Nose

Include below any other test(s) administered for the field sobriety.

Include below medical conditions or injuries that affect your eyesight or balance.

Did you take the breath test? Yes No

Include below the results from breath test #1 and breath test #2:

Breath Test #1	Breath Test #2
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Include below the results from the blood test:

Did you request your own independent blood, breath, or urine test during the arrest? Yes No

Include below the results from any independent tests that you requested:

Case Details

For what reason were you stopped/arrested?

Did an accident occur? Yes No

Did any injuries occur? Yes No

If injuries did occur, discuss details about who was injured:

Was there a witness(es) who could testify for you? Yes No

Did you request an attorney? Yes No

If you did request an attorney, please discuss details:

Do you wish to presently plead not guilty or guilty? Not Guilty Guilty

Include any additional comments/questions below.
