

NORTON HARE, L.L.C.

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DUI CLIENT QUESTIONNAIRE

Name: _____ Today's date: _____

Address _____
(Street) (City) (State) (Zip)

Phone: Home _____ Work _____
Cell _____ Fax _____
Email _____

Employer: _____
Address _____

Social Security No.: _____ Date of Birth: _____

Driver's license No.: _____ State of Issue: _____

Have you had driver's licenses in other states ___ Yes ___ No

If so, list the state and time period in which you were previously licensed:

Were you referred to a specific attorney in our firm? ___ Yes ___ No

If so, to whom were you referred? _____

Please tell us how you were referred to our firm.

___ Attorney. If so, by whom were you referred? _____

___ Individual. If so, by whom were you referred? _____

___ Internet site. If so, by which site did you learn of our firm? _____

___ Other. If so, how did you learn of our firm? _____

Details win DUI cases. The only way for your attorney to have a viable chance at being successful in your case is if we know as much about you and the facts surrounding your arrest as possible. Please provide as much detail as possible on the following questions. If you don't know the answer to a question, leave it blank or indicate so. Please be assured that this questionnaire will be used in our office only and your confidentiality will be protected.

1) Have you ever been arrested for DUI before? ___Yes ___No

2) For each DUI arrest list the approx. date and the outcome of the case (incl. pending cases, diversions, dismissals, convictions, etc.)

a) _____

b) _____

c) _____

d) _____(Use back)

3) Please list all prior arrests of any kind, including the approximate date of diversion, conviction, or dismissal (also list any pending cases):

4) Were you on diversion or probation at the time of your arrest in this matter?: ___Where and for what? _____

5) Date of this DUI arrest: _____

6) Court date: _____ Time: _____

7) Name of city in which you were arrested: _____

8) Exact location of arrest: _____

9) Arrested by City Police Sheriff's Deputy Highway Patrol

10) What other citations were issued (speeding, driving while suspended, etc.):

11) Were you involved in an accident?: _____

12) Was anyone injured?: _____

13) What did the officer say he stopped you for?: _____

14) Did the officer have you follow a pen or other instrument with your eyes?: _____

Did you Pass Fail or Don't know

15) Did the officer have you stand on one leg? _____

Did you Pass Fail or Don't know

16) Did the officer have you walk a line heel to toe? _____

Did you Pass Fail or Don't know

17) Did the officer have you say the alphabet? Backwards?

18) Did the officer have you count numbers? Backwards?

19) Please list any other field tests given: _____

20) Did the officer have you blow into a hand-held breath machine?

_____ Yes _____ No _____ I don't remember

What were the results: _____

21) Did the officer tell you that you could refuse to blow into that machine?:

22) Were you handcuffed? _____

23) Did the officer ever read you your rights (i.e., the right to remain silent, anything you say could be used against you, right to an attorney) _____ When? _____

24) Did the officer ever read you a list of rights about chemical testing to determine your blood or breath alcohol (i.e., Kansas law requires you to submit to testing, there is no constitutional right to refuse, that if you refuse your license would be suspended, etc.) _____

Yes _____ No _____ I don't remember

25) Did the officer make you wait 20 minutes before taking the test?: _____ Yes _____ No
_____ Don't remember

26) Did the officer ever leave you alone during this 20 minute period?: _____ Yes _____ No
_____ I don't know

27) Where were you during this time period (in cop car, in a cell, at a desk, etc):

28) Did you cough, belch, regurgitate or put anything in your mouth during this 20 minute period?: _____

29) Did you submit to a test of your ___ Breath ___ Blood or ___ Urine

30) Did you ask the officer if you could take a test other than the test offered?: _____ Yes
_____ No _____ I don't remember

31) If you asked for an alternate test, what was the officer's reply or reaction?:

32) If you refused, why did you tell the officer you refused:

33) Did the officer ever look inside your mouth? _____

34) Did you have anything inside your mouth? _____

35) Do you have gum disease or problems with bleeding in your mouth?

36) Were you wearing contacts at the time of arrest? _____

37) Have you ever had surgery? _____ If so, when and for what: __

38) Please list **any and all** physical illnesses, impairments or disabilities you had at the time of arrest (incl. troubles with knees, ankles, back, or illness such as a cold, allergies, diabetes or asthma):

39) Please list **any and all** learning disabilities, mental illnesses or disorders you suffered from at the time of your arrest (incl. Attention Deficit Disorder, manic depression, or schizophrenia):

40) What had you eaten on the date of your arrest?:

41) How long prior to the breath or blood test had it been since you had eaten?: _____

42) How long prior to the test had it been since you had an alcoholic drink?:

43) What prescription medications were you taking at the time of arrest?

44) What non-prescription medications were you taking at the time of arrest?: _____

45) What specifically do you do at your job?: _____

46) Do you work around any solvents or chemicals (i.e., paint, paint thinner, gasoline): _____

47) Please list any persons who were with you at or just prior to the time of your arrest:

48) Do you suffer from acid reflux, GERD, or other similar problem?

49) Do you use your car during the course of your employment? _____

How many miles per month do you drive for work: _____

How many miles per month do you drive total: _____

50) Please list any and all other facts that you believe may be important, including what the officer said to you, how he treated you, and anything else that could be useful in defending your case or that you think we should know:
