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D.U.I. INITIAL CLIENT INTAKE SHEET

INSTRUCTIONS

Filling out this Client Intake Sheet, and providing your attorney with as much information as you can in this document, will greatly assist him in evaluating your case. When filling out this intake sheet please provide: full and complete responses to the questions posed. Do not worry about whether the information you are providing is relevant or irrelevant to your defense, as it is far better to provide too much information rather than too little. It is very important that you fill this out and get it to your attorney as soon as possible, following your arrest, while the events surrounding your arrest are still fresh in your mind. If you need additional room in answering any of the questions, please feel free to use the reverse side, or add additional pages. If you do not understand a question, or are not sure of an answer, leave the question blank, and we will discuss it at your initial appointment. Please be as thorough as possible.

I. PERSONAL DATA

Name: _____

Maiden name or other names used: _____

Address: _____

Telephone Numbers: home: _____; work: _____

Cell: _____; Other: _____

Can you be contacted at work? _____ Yes _____ No

Do you prefer that we not contact you at work? _____ Yes _____ No

E-Mail Address: _____

Who do you live with: _____

How long have you lived at this address: _____

Sex: ___ Male ___ Female; Height ___ ft. ___ in.; Weight ___ lbs

Age: ___ Date of Birth: _____ City you were born: _____

Social Security Number: _____ Driver's License No. _____;

Issued by KS? ___ Yes ___ No, If not issued by the State of Kansas what State issued you your driver's license? _____

Other Cities you have lived in and dates lived there: _____

Marital Status: ___ Married; ___ Single; ___ Divorced; or ___ Spouse Deceased

Spouse's Name: _____ Maiden Name _____

Spouse's Employment: _____ Spouse's Age: _____

Dependents: Number of Minor Dependents: ___ Names and Ages of Dependents: _____

Nearest Contact (other than spouse): _____

Phone: _____ Address: _____

Relationship to you: _____

(This should be a person who we can leave a message with in the event that you are not available.)

EMPLOYMENT HISTORY:

Present Employment: _____

Address: _____; Telephone: _____

Dates Employed: _____ to _____; Occupation: _____

Gross Income (before taxes): _____ per month

Net Income after deductions: _____ per month

Employment History: (List employment for past 6 years starting with last previous employer.)

1. Employer: _____
Address: _____ Telephone: _____
Dates Employed: _____ to _____.
Occupation: _____ Reason Left: _____

2. Employer: _____
Address: _____ Telephone: _____
Dates Employed: _____ to _____.
Occupation: _____ Reason Left: _____

3. Employer: _____
Address: _____ Telephone: _____
Dates Employed: _____ to _____.
Occupation: _____ Reason Left: _____

Present Source of Income: (I will need this information for a Diversion Application, if eligible.)

Defendant's Employment: \$ _____ per month
Spouse's Employment: \$ _____ per month
Unemployment Comp: \$ _____ per month
Public Assistance: \$ _____ per month
Other: _____ \$ _____ per month

Education and Vocational Training (including college, high school or highest grade completed)

Name of School _____ Location _____ Dates Attended _____ Grade/Degree _____

Military Service ___ Yes; ___ No. Branch _____ Type of Discharge: _____

Date of Discharge: _____; Rank at time of discharge: _____

Medals, awards or commendations received: _____

Any military related disabilities or diseases? ___ Yes; ___ No. If yes, what are they? _____

VEHICLE INFORMATION: Make _____ Model _____

Year _____ Registered Owner _____

License Tag No. _____ County _____ State _____

Anything unusual about vehicle: _____

Do you have insurance for your vehicle ___ Yes ___ No

Policy Number _____

Insurance Agent's Name _____

Insurance Agent's Phone Number _____

Insurance Company _____

Type of Policy (i.e. liability only, or full coverage) _____

PRIOR CRIMINAL RECORD: (Include date of arrest, description of offense charge and the deposition/sentence in each prior listed, even if the charges have since been expunged or dismissed.)

List All Prior Felony Convictions: _____

List All Prior Misdemeanor Convictions: _____

List all Traffic Violations for the Last Five (5) Years: _____

II.
PRESENT OFFENSE

Date: _____ Time: _____ Location _____

Governmental Agency Involved: ___ W.P.D.; ___ Sedgwick County S.O.; ___ Kansas Highway Patrol; ___ Other (Specify) _____

Charges filed: (Check all that apply)

Type of D.U.I. Charged:

- .08 violation (blood, breath or urine test in excess of the legal limit for all drivers);
- .04 violation (applies only if you are a CDL holder and driving a commercial vehicle at the time of your arrest.)
- .02 violation (applies only if you are under 21, and did not have a test result in excess of .08)
- impaired ability to operate a motor vehicle (they often use this in cases where they were unable to get a test result, or if drugs were involved).
- Drug impairment (either alone, or in combination with alcohol)

Other Traffic Charges:

- Drive While Suspended or revoked; Evade or Elude Law Enforcement Officer;
- No valid Drivers License in possession; Driving in Violation of Restrictions;
- Reckless Driving; No proof of insurance; Transport Open Container
- Speeding _____ m.p.h. in a _____ m.p.h. zone; Drive Left of Center;
- Fail to maintain single lane of travel; Failure to Obey Traffic Control Device;
- Other (specify) _____

Officer making the arrest (name & badge # if known): _____

Any other officers present at scene? Yes; No.

If yes, their names & badge #, if known? _____

Officer operating breath testing equipment? _____

Any other witnesses to breath test? Yes No.

If yes, do you know their names, badge numbers, etc.? _____

Video availability:

Breath Test Video? Yes; No. BAT Van Testing at Scene Yes; No.

Testing done at Police Station or at County Jail? Yes; No. If yes, circle where.

Why do YOU feel that you were stopped bylaw enforcement? _____

Did the officer who stopped you confirm this? Yes; No; or did he tell you that you were stopped for some other reason? Yes; No. If yes, what did the Officer tell you was the reason for the stop? _____

When the officer first stopped you, what EXACTLY did he say to you as best you can recall?

Did the officer ask you any questions when he pulled you over? ___ Yes; ___ No. If yes, what questions did he ask you? _____

Did you respond to the officer's questions? ___ Yes; ___ No. If yes, what was your response?

Did the officer give you Miranda warnings (i.e., "you have the right to remain silent, anything that you say can be used against you in a court of law," etc...)? ___ Yes; ___ No.

If yes, when and where did this occur? _____

Had you said anything to him prior to being informed of these rights? ___ Yes; ___ No.

If yes, what? _____

Did you say anything to him after he read the Miranda Warnings to you? ___ Yes; ___ No.

If yes, what did you say? _____

Did the officer give you Standish warnings? (K.S.A. 8-1001 requires a law enforcement officer to read these rights to you **BEFORE** he can ask you to submit to testing to and complete one or more tests of your breath, blood or urine, to determine if you are under the influence of alcohol or drugs, or both. He is required to give you this in writing, as well as reading it to you. The form used to do this has the following in the bottom left corner "DC-70.") ___ Yes; ___ No. If yes, how were the warnings given to you? ___ Verbally ___ In writing ___ Both

If "in writing" or "both" did you retain your copy of the written document that you received?

___ Yes; ___ No? If yes, where is it now? (provide copy to attorney).

Did you agree to take a test of your blood, breath or urine? ___ Yes; ___ No. If yes, which one or ones of the above tests did you agree to take? (Please circle all of the ones that apply above.)

Was there an accident or more than one vehicle involved in your arrest? ___ Yes; ___ No. If yes, explain. _____

It there was more than one vehicle involved, do you know who was in the other vehicle?

___ Yes; ___ No. If yes, who? _____

Was anyone injured in the accident? ___ Yes; ___ No. If yes, who and what were their injuries? _____

Did your air bags in your vehicle deploy in the accident? ___ Yes; ___ No. (Studies have shown that this can result in a high BAT result.)

Did you talk to anyone at the scene other than the officer or officers we have previously discussed?

___ Yes; ___ No. If yes, who did you talk to: _____

If yes, what did you say to them and what did they say to you? _____

Passengers in your vehicle, were there any? ___ Yes; ___ No. If so, what are their names, addresses and phone numbers? _____

What was their condition at the time you were stopped/arrested? _____

Do you think that they would testify on your behalf? ___ Yes; ___ No. If yes, what would they be able to testify to, that you know of: _____

Did any officer talk to them or get a statement from them? ___ Yes; ___ No. If yes, who took the statement from them and what did they say? _____

Were they allowed to drive your vehicle home? ___ Yes; ___ No. If yes, who drove it home? _____

If not what happened to your car? ___ left parked at scene; ___ Towed or impounded by police; or ___ Other (explain) _____

Was your vehicle searched? ___ Yes; ___ No. If yes, who searched it? _____

If yes, was anything seized? ___ Yes; ___ No. What was it? _____

Did you know the seized item was there? ___ Yes; ___ No. How did it get in the car, if you know? _____

Were you personally searched? ___ Yes; ___ No. If yes, who searched you? _____

If yes, was anything seized? ___ Yes; ___ No. What was it? _____

Did you know the seized item was there? ___ Yes; ___ No. How did the seized item come to be on your person? _____

III. SOBRIETY TESTS

A. Field Tests

Did the officer request that you perform any field sobriety tests? ___ Yes ___ No.

Did you agree to perform any field sobriety tests following his request? ___ Yes ___ No

If so, which if any, of the following tests did he ask you to perform? (Please check all that apply)

___ Portable Breath Test (PBT) hand held unit; ___ Walk a Straight Line Turn & Walk Back;

___ Horizontal Gaze Nystagmus (pen & eyes); ___ Finger-to-Nose;

___ One Leg Stand, for 30 seconds; ___ Recite the Alphabet;

___ Pick up Coins; ___ Finger counting; or

___ Other, specify _____

(ATTORNEY: with a copy of the police manual, go over each of the tests that they were asked to perform, and find out what directions/instructions, they were given by the officer, what he did after being instructed by the officer, and how the client feels he did in performing the tests.)

How well do you believe you performed these tests:

___ Very Poorly, made a lot of mistakes; ___ Poorly, made several mistakes, more than two on each test; ___ Okay, made less than two errors on each test; ___ Passed the tests without any problems; ___ Other (explain) _____

What, if anything, did the officer say to you about your performance of the tests? ___ Passed; ___ Failed; ___ Other; (explain) _____

B.

Alcohol Level Testing (BAT) BLOOD or BREAT Testing

What tests were conducted to determine your alcohol level, if any? ___ blood; ___ breath; ___ urine; ___ other (explain) _____

Where were they given to you? _____

Who was present at the time that they were given to you? _____

What were the results of those tests? _____

Was more than one test taken or given? ___ Yes; ___ No. If yes, how many tests did you take and what type of tests were they? Number _____; Type: _____

Results: _____

Did you at anytime request that additional testing be conducted? ___ Yes; ___ No. If yes, when did you make this request? _____

To whom was the request made? _____

Who else was present when the request for additional testing was made? _____

Was additional testing done? ___ Yes; ___ No; If yes, by whom? _____

Where? _____ Who was present? _____

Were you allowed to call attorney after the tests were given to you? ___ Yes; ___ No. Did the officers involved tell you that after the completion of testing you had the right to speak with an attorney? ___ Yes; ___ No. If yes, did you tell them you wanted to talk to a lawyer? ___ Yes; ___ No.

1. At the time that you took any of the above tests, do you feel that you were under the influence of alcohol or drugs to such a degree tht you were incapable of safely operating a motor vehicle? ___ Yes ___ No.
2. At the time you were arrested do you feel that you were so impaired? ___ Yes ___ No.
3. Do you feel that the drinks/drugs that you consumed had any influence upon your ability to operate a motor vehicle? ___ Yes ___ No. If yes, explain how they affected your driving: _____

IV.
PHYSICAL CONDITION OF CLIENT WHEN ARRESTED

A.
Alcohol and Food Consumed Prior to Arrest:

1. **ALCOHOL CONSUMPTION:** Did you consume any alcoholic beverages within the 24 hours preceding your arrest? ___ Yes; ___ No. If your answer is yes, please provide the following information. Start with the last alcohol consumed immediately prior to arrest, and go backwards from there:
 - A. Location: Where were you? _____
Time started at this location: _____; time stopped at this location: _____.
Quantity (number of each type): # ___ Type: __ Beer ___ Wine; __ Spirits; __ Other
(if other), specify what it was: _____

B. Next alcohol/location: _____
Time started at this location: _____; time stopped at this location: _____.
Quantity (number of each type): #___ Type: __Beer __ Wine; __ Spirits; __ Other
(if other), specify what it was: _____

C. Next alcohol/location: _____
Time started at this location: _____; time stopped at this location: _____.
Quantity (number of each type): #___ Type: __Beer __ Wine; __ Spirits; __ Other
(if other), specify what it was: _____

When and where did you start drinking and in whose company were you at that time? _____

Describe the drinks you had prior to your arrest (examples: (1) what were you drinking, beer wine, mixed drinks, shots, etc., and the size of the drinks (examples: 12 oz beers, 6 oz glasses of wine, doubles, singles, etc.)) type of alcohol (brand name, if you know it), proof or percentage of alcohol consumed, etc.) _____

Name, address and telephone number of all persons with you during the time you were drinking: _____

Would these persons be willing to testify that you were not under the influence of alcohol?
___ Yes ___ No. What could they testify to: _____

How did you pay for your drinks? ___ Cash; ___ Check; ___ Credit Card; ___ Debit Card;
___ Other, (explain): _____

2. **FOOD CONSUMED:** What food did you eat during the 12 hour period prior to your arrest?

Breakfast: Time _____; What did you eat? _____

Lunch: Time _____; What did you eat? _____

Supper: Time _____; What did you eat? _____

Other: Time _____; What did you eat? _____

B.
MEDICAL INFORMATION

Were you under the care of a doctor at the time of your arrest? ___ Yes; ___ No. If so, for what?

Had you seen a dentist within the 48 hours prior to your arrest? ___ Yes; ___ No. If so, for what? _____

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 the arrest that would cause you to look or act intoxicated? ___ Yes; ___ No. If yes, please describe. _____

Were you taking medicine or drugs, within 24 hours of your arrest, including: over the counter, non prescription drugs; prescription medications; street drugs? ___ Yes; ___ No. If yes, what drugs of medicines did you take, and when did you take them? _____

Do you have a speech impairment? ___ Yes; ___ No. If yes, describe _____

Do you wear false teeth? ___ Yes; ___ No. Did you have anything in your mouth at the time of testing; ___ Yes; ___ No. **Do you have diabetes?** ___ Yes; ___ No. **Do you have heart**

disease? ___ Yes; ___ No. **If so, do you have a pacemaker?** ___ Yes; ___ No.

Do you suffer from asthma? ___ Yes; ___ No. If so, do you **use an inhaler?** ___ Yes ___ No.

(VERY IMPORTANT: If yes, please bring your inhaler to the office for your attorney to inspect, along with any documents included in the packaging and the packaging itself. Any documents regarding your pacemaker would also be helpful.)

Were you ill (have the flu, a cold, a fever, or other ailment) at any time of offense? ___ Yes;

___ No. If yes, please describe in detail: _____

Do you have any other medical problem that would influence your physical condition at the time of your arrest? ___ Yes; ___ No. If yes, describe _____

Was your stomach upset on the night in question? ___ Yes ___ No.

If yes, was your upset stomach causing you to: belch, burp or regurgitate? ___ Yes; ___ No..

If yes, when did this occur in relation to the tests or tests the officer(s) asked you to perform?

Did you cough, sneeze, or vomit prior to your arrest or testing? ___ Yes; ___ No. If yes, when did this occur in relation to the tests or tests the officer(s) asked you to perform?

Did you eat, drink, or smoke anything before being tested by the officer? ___ Yes; ___ No.

If yes, when and what? _____

What was the amount of time which passed between your last ingestion of anything and the test or tests performed by the officer. _____

(All breath testing devises require that there be no objects placed in the mouth for 15 to 20 minutes prior to testing.)

How were you dressed at the time of the alleged offense? _____

Were you dressed appropriately for the weather conditions, that existed at the time of your

arrest? ___ Yes; ___ No. (Examples: Cold, no coat on; raining, no protection from rain.)

What type of clothing did you have on: _____

What type of footwear were you wearing? _____
(**Very important** as studies show that persons with heels which are 2" or more in height have difficulty Performing the Standardized Field Sobriety Tests even if sober.)

Did you at the time of your testing, or do you normally wear glasses including contact lens?
___ Yes; ___ No. If yes, what is your corrective reading? _____

Were you allowed to remove any eye wear prior to doing the Standardized Field Sobriety Testing? ___ Yes; ___ No.

Were you taking any medication at the time of your arrest, or within the 24 hours preceding your arrest? ___ Yes; ___ No. If yes, what? _____

If yes, what condition were you taking it for? _____

How many hours had you worked during the 24 hours prior to the arrest? _____

When had you last slept prior to your arrest? _____

How long did you last sleep for prior to your arrest? Number of hours: _____

How long had it been since you last slept? Number of hours: _____

Were you tired or sleepy, at the time of your arrest? ___ Yes ___ No.

How much do you weigh? _____ **How tall are you?** ___ feet ___ inches. **Is this 50 pounds or more over your ideal weight?** ___ Yes; ___ No.

(Studies conducted on persons who are 50 pounds or more overweight, are no able to perform at least two of the Standardized Field Sobriety Tests, even if sober.)

V.
CONDITION AFFECTING DRIVING AND FIELD TESTS

Mechanical Problems:

Were there any mechanical problems with the vehicle you were driving, at the time of your arrest.

___ Yes; ___ No. If yes, what were they? _____

Last date of repair or examination of vehicle by auto repair shop: _____

Who can be called as witnesses to verify mechanical problems? _____

Road Conditions: ___ Blacktop road; ___ Dirt road; ___ Pavement; Other; _____

Lighting Condition: _____ Daytime; _____ After dark;

Artificial light, describe: _____

Weather Conditions:

Temperature: _____; Wind Conditions _____; Foggy ___; Rainy _____;

Sleet ___; Normal ___; Snow ___; Wet ___; Dry ___; Other: _____

VI.
IMPLIED CONSENT

A. Were you advised of your right to have additional testing done? ___ Yes; ___ No.

If yes, what did the officer tell you regarding this right? _____

Did you at anytime request that additional testing be performed? ___ Yes; ___ No.

If yes, were there additional tests which were performed? ___ Yes; ___ No.

If there were additional tests performed, please provide the details of such testing, such as, **when** it was done, **where** it was done, and **who** performed the additional tests or test. _____

B. Were you advised you had the right to refuse the test? ___ Yes; ___ No.

If yes, what did the officer tell you regarding this right? _____

Were you advised that if you refused the test your driver's license would be suspended?

___ Yes; ___ No.

Were you advised that if you refused the test you could be charged with the additional crime of "refusing to take a chemical test?" ___ Yes; ___ No. If yes, what did the officer say to you regarding a refusal resulting in additional charges? _____

C. **Your right to an attorney:** Were you advised you **did NOT have a right to contact an attorney** before deciding whether or not to take a test, but that **you could contact one as soon as the test was completed**? ___ Yes; ___ No. If so, what exactly did the officer tell you? _____

If you did not know of an attorney to contact, were you provided with access to a telephone book to find one? ___ Yes; ___ No.

Did you request to speak with an attorney at anytime while you were in custody? ___ Yes; ___ No. What was the officer's response? _____

Were you given the opportunity to contact a lawyer, **while you were still in custody**? ___ Yes; ___ No. If yes, when did this occur? _____

Did you at any time, while you were in custody, actually speak to a lawyer? ___ Yes; ___ No. If yes, what advise, if any, did the attorney give you? _____

Is there anything else about your arrest or the events leading up to your arrest that we need to discuss, or that you have any questions about? _____

