

**THOMPSON, THOMPSON & GLANVILLE, PLC
DRUNK DRIVING INTERVIEW FORM**

Client's name: _____
Charges: _____
Referral/How did you hear about us: _____

A. CLIENT'S BACKGROUND

Address (if apartment or room, include number): _____

Phone (or phone at which you can be reached and name of person there): _____

Email: _____

Okay to Email copies of documents/letters? _____ Yes _____ No

Date of birth: _____

Place of birth: _____

Driver's License Number, State, Valid/Invalid? _____

Do you have a Commercial Drivers' License? _____

Highest Level of Education Completed (Include any Trade School): _____

Military Experience: _____

Present employment (separate notation of each employer if more than one):

Name and address of employer: _____

Phone: _____

Type of business: _____

Your job designation: _____

Your type of work: _____

Employed since: _____

Wages or salary: _____

Manner of transportation to and from work: _____

Work schedule (i.e., hours required for restricted license, if one is granted): _____

Do you have any physical or mental disabilities? If so, explain.

Yes No

Have you ever been found mentally incompetent by a court?

Yes No

Have you ever received drug or alcohol treatment?

Yes No

Are you currently taking any medication?

Yes No

If so, what medication are you taking? _____

Do you have a concealed weapons permit?

Yes No

B. CRIMINAL/DRIVING RECORD

Prior criminal record (all *arrests*, from latest to earliest, including pending charges besides the current case, including juvenile arrests, and in all jurisdictions): _____

At the Time of this Arrest, Were You on Probation or Parole, under Any Pending Charges, or Wanted for Arrest on Other Charges in Any Jurisdiction?

Yes

No

Driving Record/Offenses, Accidents, Penalties, Points (and dates)? _____

C. THE STOP

Please describe what the officer said about why your car was stopped, and also why you believe your car was *really* stopped by the police (if different). _____

Witnesses to the stop or other parts of case (indicate if immediate contact is advised for any reason): _____

D. ALCOHOL CONSUMPTION

Please describe how much, if any, and over what time period, you had to drink prior to the arrest: _____

E. FIELD SOBRIETY TEST

Were you asked to perform any sobriety tests? (i.e., ABCs, heel to toe) (If so, how did you perform?) _____

Type of ground surface, roadway, lighting and conditions of the place where field sobriety tests were conducted? _____

Did you blow into any hand-held devices or PBTs (preliminary breath testers) at any time, and what was that test result? _____

How many times did you blow into a PBT? _____

Did you have anything in your mouth when you blew into the PBT? _____

Did the officer observe you for fifteen minutes prior to you blowing into the PBT?

Yes

No

F. THE ARREST

Please describe who, what, why, when, where and how you were arrested. _____

G. SEARCHES

Were you asked to give permission for the search of any place or thing?

Yes

No

Did the police search anything? What did they find? Describe. _____

H. POLICE QUESTIONING

Did the police ask you any questions? Yes

No

Did you tell the police anything? Yes

No

What, in detail: _____

I. BREATH ALCOHOL TEST

Did you take a breath test at the jail? If not, why not? _____

How many times did you blow into the breath machine? _____

Did the officer observe you for fifteen minutes prior to taking the breath test?

Yes

No

Did you have anything in your mouth during the fifteen minute observation period prior to taking the breath test?

Yes

No

Were you continually in the presence of a police officer until the end of the breath test?

Yes

No

Did an officer read you your chemical test rights prior to taking the breath test?

Yes

No

Did you have anything in your mouth when blowing into the breath alcohol machine?

Yes

No

Did you sign a refusal form declining to accept the breath test? If so, was a blood sample taken? _____

What was the result of any breath/blood test? _____