

DWI “HOMEWORK” QUESTIONNAIRE

PLEASE COMPLETE EVERY PART OF THIS FORM TO THE BEST OF YOUR ABILITY, AND BE 100% TRUTHFUL IN EVERY RESPONSE. THE SOONER YOU COMPLETE THIS FORM, THE BETTER YOUR MEMORY WILL BE ABOUT THE INCIDENT AND ALL THE IMPORTANT FACTS SURROUNDING YOUR CASE. YOUR DETAILED ANSWERS TO THESE QUESTIONS WILL BE THE PRIMARY SOURCE OF INFORMATION THAT I USE TO TRY TO EVALUATE YOUR OPPORTUNITIES FOR SUCCESSFULLY CHALLENGING THE STATE'S CASE AGAINST YOU. LACK OF INFORMATION GREATLY IMPEDES MY ABILITY TO DISCOVER WINNING DEFENSES OR JURY ARGUMENTS. ALL PERSONAL DATA WILL BE KEPT CONFIDENTIAL. TAKE SUFFICIENT TIME TO COMPLETE THIS QUESTIONNAIRE, AND USE EXTRA SHEETS OF PAPER TO SUPPLEMENT YOUR RESPONSES WHEREVER NECESSARY. HOWEVER, DON'T DELAY IN RETURNING THE QUESTIONNAIRE SINCE TIME CAN BE AN IMPORTANT FACTOR IN YOUR CASE.

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1. Basic Information

- ▶▶ Full Name: _____
- ▶▶ Please call me at: (_____) _____ - _____ Other Phone: (_____) _____ - _____
- ▶▶ Age: _____ Birth Date: _____ / _____ / _____ Place of Birth: _____
- ▶▶ Social Security Number: _____ - _____ - _____
- ▶▶ How did you learn about our office? *(Select one)*
- Internet Yellow Pages Referred by: _____
- Other: _____
- ▶▶ Family Status: *(Select one)* Engaged Married Single
 Separated Divorced Widowed
- ▶▶ Dependent Children: How many? _____ Ages: _____
- ▶▶ Are you a U.S. Citizen? YES NO If NO, describe status: _____

2. License

- ▶▶ Driver's License Number: _____ State Licensed in: _____
- ▶▶ Restrictions on License? YES NO If YES, explain below:

- ▶▶ Do you possess a Commercial Driver's License (CDL)? YES NO Endorsements? YES NO
- ▶▶ Date of Issue: _____ / _____ / _____ Expiration: _____ / _____ / _____
- ▶▶ Is License Valid? YES NO

3. Employment

- ▶▶ Employer Name: _____
- ▶▶ Employer Address: _____
- ▶▶ Job Title or Position: _____ How Long? _____
- ▶▶ Duties: _____
- ▶▶ Annual Income: Under \$25,000 \$25,000 to \$50,000 Over \$50,000
- ▶▶ Do you have any problems with your present employment? YES NO If YES, explain below:

3. EMPLOYMENT, continued

▶▶ Prior employment (*List for past 5 years*):

_____	How Long? _____
_____	How Long? _____
_____	How Long? _____
_____	How Long? _____

▶▶ Is a vehicle required for your present employment? YES NO

▶▶ Would you be fired, restricted from duties, passed over for a promotion or demoted from your present employment if:

1. You were convicted of DUI/DWI? YES NO
2. Your license was suspended? YES NO
3. Your license was suspended but you had a "work permit"? YES NO

▶▶ Do you drive a company-owned vehicle? YES NO

▶▶ Are you insured by your company insurance carrier? YES NO Not Applicable

▶▶ How many miles do you drive to / from / at / for work on a given day? _____

▶▶ How many **TOTAL** miles do you drive each week, both business and personal? _____

▶▶ Is public transportation readily available to you? YES NO

▶▶ Do you have "security clearance" issues at work? YES NO

4. Health

The proper Defense of a DUI charge requires a complete medical history to enable your Attorney to completely and properly evaluate your case. Most of the scientific and pseudo-scientific evidence in your case rests on assumptions that you are an **"Average Normal Person"** and that you are in **"Good Health."**

A complete medical history is also important to help us evaluate your performance on the so-called "Field Sobriety Test" and to help us present alternative explanations for, what may appear to be objective signs of intoxication.

Thank you for your time and effort in completing this form – **IT WILL HELP US HELP YOU.**

1. Age: _____

2. Weight: _____

3. Height: _____

4. List all Medication you take:

5. List all Medications including over-the-counter drugs taken within 24 hours of your arrest:

6. EYES/HGN

6.1 Do you wear glasses? _____

6.2 Do you wear contact lenses? _____

6.3 On the day of your arrest, did you do anything which would cause eye strain? (If yes, please describe): _____.

6.4 Have you been diagnosed as having Eye Muscle Fatigue? _____.

6.5 Have you been diagnosed with dry eyes? _____.

6.6 Have you been diagnosed with conjunctivitis? _____.

6.7 Have you been diagnosed or treated for Glaucoma? _____.

6.8 Do you have a "Lazy Eye" or are you "Cross Eyed" _____.

6.9 On the day of your arrest had you ingested:

6.9.1 Caffeine: _____.

6.9.2 Nicotine: _____.

6.9.3 Aspirin: _____.

6.9.4 Antihistamines: _____.

6.9.5 Other: _____.

6.9.6 On the day of your arrest, did you have or had you suffered from:

6.9.6.1 The flu or a cold: _____.

6.9.6.2 Hypertension: _____.

6.8.6.3 Hypotension: _____.

6.9.6.4 Arteriosclerosis: _____.

6.9.6.5 Streptococcus Infection: _____.

6.9.6.6 Measles: _____.

6.9.6.7 Muscular Dystrophy: _____.

6.9.6.8 Multiple Sclerosis: _____.

6.9.6.9 Epilepsy: _____.

6.9.6.10 Brain Hemorrhage: _____.

6.9.6.11 Inner eye injuries: _____.

6.9.6.12 Bilateral Amblyopia: _____.

6.9.6.13 Unusual sleep patterns: _____.

6.8.6.14 Vertigo: _____.

6.9.6.15 Dyslexia: _____.

6.9.6.16 Any other diagnosed eye problems (If yes, please explain):

7. Ears/Hearing:

7.1 Do you wear a hearing aid? _____.

7.2 Do you have any diagnosed hearing defects? _____.

7.3 Do you have any diagnosed auditory processing defects? _____.

7.4 Have you had any inner ear infections? _____.

7.5 Have you suffered any injury to your ears? _____.

7.6 Do you get swimmer's ear? _____.

7.7 Any other diagnosed ear problems (If yes, please explain): _____.

8. Body Temperature

8.1 What is your normal body temperature? _____.

8.2 On the day of your arrest, was your body temperature higher than normal? If so, what was it? _____.

8.3 Within 24 hours of your arrest, did you have a fever? (Temperature): _____.

8.4 Did you have your period or were you pre-menstrual at the time of your arrest?
_____.

9. Lungs and Respiratory System

9.1 Do you have Asthma? _____.

9.2 Do you have Pulmonary Obstructive Disease? _____.

9.3 Do you smoke? _____ How much per day? _____.

9.4 Do you have lung cancer? _____.

9.5 Do you have Lymphoma? _____.

9.6 Do you have Hodgkin's Disease? _____.

9.7 Do you have throat cancer? _____.

9.8 Do you have any other diagnosed ailment of the respiratory system? _____.

If yes, please describe: _____.

10. Endocrine System

- 10.1 Are you diabetic? _____.
- 10.1.1 Type I: _____.
- 10.1.2 Type II: _____.
- 10.1.3 Do you take insulin? _____.
- 10.1.4 Are you on oral medication? _____ What: _____.
- 10.2 On the day of your arrest were you hypoglycemic? _____.
- 10.3 On the day of your arrest were you hyperglycemic? _____.
- 10.4 Have you ever had yeast infections? _____.
- 10.5 Were you taking antibiotics on the day of your arrest? _____.

11. Gastrointestinal System

- 11.1 Gastric Reflux Disease: _____.
- 11.2 Esophageal Hernia: _____.
- 11.3 Heartburn: _____.
- 11.4 Do you use Tagament, Zantac or other anti-heart burn medication? _____.
- What: _____.
- 11.5 Do you suffer from any urinary tract infections? _____.
- 11.6 Do you suffer from bladder infections? _____.

12. Skeletal System

- 12.1 Have you suffered injuries to or have deformities in your:
- 12.1.1 Feet: _____.
- 12.1.2 Ankles: _____.
- 12.1.3 Knees: _____.
- 12.1.4 Legs: _____.
- 12.1.5 Back: _____.
- 12.1.6 Spine: _____.
- 12.1.7 Hands or Fingers: _____.
- 12.1.8 Neck: _____.
- 12.2 Do you suffer from Arthritis? _____ Where _____.
- 12.3 Are you "Pigeon Toed"? _____.
- 12.4 Are you "Bow Legged"? _____.

13. Muscular System

13.1 At the time of your arrest did you have any muscle:

13.1.1 Strains: _____

13.1.2 Sprains: _____

13.1.3 Tears: _____

13.1.4 Atrophy: _____

13.1.5 Cramps: _____

13.2 Have you suffered any disease of the muscles? _____.

13.3 Do you have Ataxia? _____

13.4 Do you have any condition which you believe effects your balance and coordination? If so, what: _____.

14. Circulatory System

14.1 Do you have heart disease? _____.

14.2 Do you take any blood thinners? _____.

15. Neurological/Psychological/Psychiatric

15.1 Have you ever suffered a stroke? _____.

15.2 Have you ever suffered any injury to the brain? _____.

15.3 Have you ever seen a psychologist or psychiatrist? _____.

15.3.1 What was the diagnosis? _____.

15.3.2 When were you diagnosed? _____.

15.3.3 Were you placed on medication? _____ Which ones? _____.

15.4 Have you been diagnosed with Attention Deficit Disorder? _____.

15.5 Do you suffer from Depression? _____.

15.6 Do you experience Anxiety Attacks? _____.

15.7 Do you get nervous easily? _____.

16. Accident Cases

16.1 Did you hit your head? _____

16.2 Were you injured in any way? _____ How? _____.

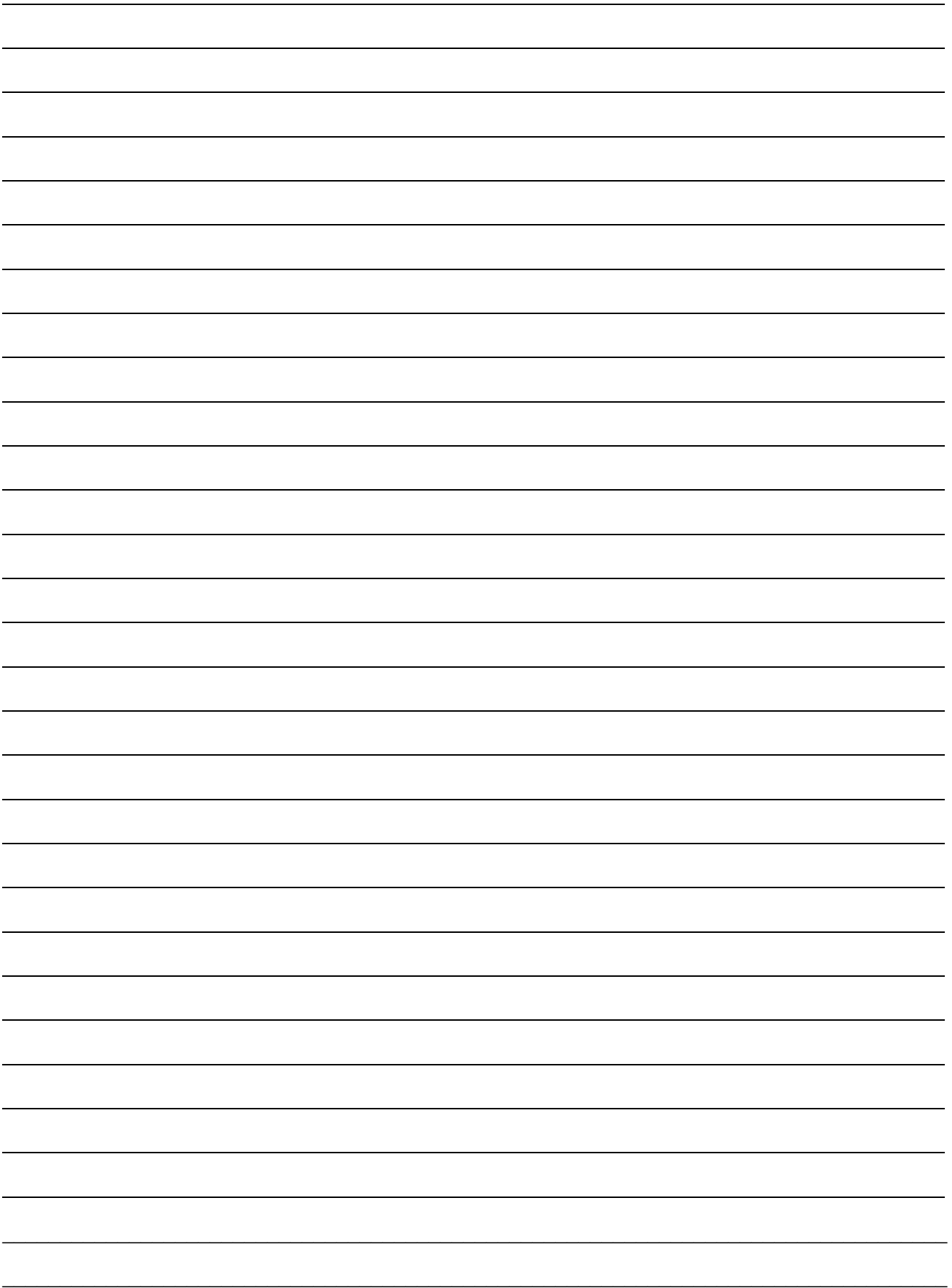
16.3 Were you wearing seat belt? _____.

16.4 Did your air bag deploy? _____.

16.5 Were you taken to a hospital? _____.

16.6 Were you put on an IV before having your blood withdrawn? _____.

16.7 Do you remember talking with a police officer? _____.



5. EVENTS OF THE DAY OF THE ARREST, continued

▶▶ Who did you talk to within the last 3 hours before your arrest?

1. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____
2. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____
3. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____
4. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____
5. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____
6. Name _____ Relationship _____ Employer YES NO
Address _____ Phone (____) _____ - _____

▶▶ Was anyone *with you* when you were arrested? YES NO If YES, list as follows:

1. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____
2. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____
3. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____

▶▶ What was his/her condition? Sober Impaired Passed Out Other _____

▶▶ Did anyone - including the above-named person(s) - observe or overhear any portion or aspect of the police "stop" or arrest? YES NO If YES, list below:

1. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____
2. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____
3. Name _____ Work Phone (____) _____ - _____
Address _____ Home Phone (____) _____ - _____

5. EVENTS OF THE DAY OF THE ARREST, continued

▶▶ Did the police **allow** someone with you to drive the vehicle from the scene, or move the vehicle? YES NO If YES, list below:

1. Name _____ Work Phone (____) ____ - _____
Address _____ Home Phone (____) ____ - _____

▶▶ What are the details of the **screening** for impairment or ability to drive did the officer(s) require from this person prior to allowing the person to drive?

▶▶ What were the traffic conditions you encountered on the roadway prior to being arrested?

▶▶ Were there any stoplights? YES NO If YES, how many? _____

▶▶ Were the stoplights working properly? YES NO

▶▶ Were there any caution lights? YES NO

▶▶ What were the weather conditions? (*Be as specific as possible*)

▶▶ What county were you stopped? _____

▶▶ What street were you stopped on? _____

▶▶ What is the nearest crossing street or highway exit? _____

6. Roadblocks

▶▶ Was your arrest at a roadblock or license check? YES NO

▶▶ How far ahead did you see it? _____

▶▶ How long did you wait in line before getting to an officer? _____

▶▶ Were you given any **advance notice** of the roadblock?
For example, was the roadblock well-marked and visible from flares, fluorescent cones, blue lights, etc.? YES NO If YES, describe:

6. ROADBLOCKS, continued

- ▶▶ How many police cars did you see? _____
- ▶▶ Did any cars have their blue lights on? YES NO If YES, how many? _____
- ▶▶ Did more than one officer give you field tests or interrogate you? YES NO
- ▶▶ How many police *officers* did you see at the roadblock location? _____

7. Driver's License and Initial Questioning By the Officer

- ▶▶ Are there any restrictions on your license? YES NO If YES, explain:

- ▶▶ If YES, were these restrictions being complied with when you were stopped? YES NO
- ▶▶ Where was your license when you first began to look for it? _____
- ▶▶ If you did have your "plastic" license in your possession at the time of the "stop", give details of where the license was and why it was not in your possession:

- ▶▶ What were the officer's *FIRST WORDS* to you when he/she encountered you? (*Be EXACT*)

- ▶▶ What did you say in response to the question?

- ▶▶ Did the officer comment on your breath "smelling like alcohol" or similar words? YES NO Don't Recall

- ▶▶ Were any containers of alcohol visible to the officer as he/she observed from outside your vehicle? YES NO Not Certain

- ▶▶ If so, what type of containers? _____

- ▶▶ Were they: Full Partially Full (seal broken) Unopened Empty

- ▶▶ Did the officer confiscate these containers for use as "evidence" against you in this case? YES NO Not Certain

- ▶▶ Had you "masked" the smell of your breath with food, coffee, gum, candy, breath spray, etc. to cover the smell of alcohol? YES NO If YES, describe:

7. DRIVER'S LICENSE AND INITIAL QUESTIONING, continued

▶▶ Were any other suspicious or illegal item or items (for example, weapon(s), rolling papers, marijuana pipe or "roaches", etc.) visible from *outside your car* when the police approached your vehicle? YES NO If YES, give details:

8. Insurance and Registration

- ▶▶ Arresting officer's name: _____
- ▶▶ Did officer ask for proof of insurance? YES NO
- ▶▶ Did you produce insurance before officer asked for it? YES NO Had no insurance
- ▶▶ In what state was the insurance issued? _____ Was it your insurance? YES NO
- ▶▶ Insurance Company: _____ Policy Number: _____
- ▶▶ Did the officer ask for registration papers? YES NO
- ▶▶ What was the state of registration? _____

NOTE: *If charged with "no insurance" or "no proof of insurance", send a copy of proof of insurance to this office*

9. Field Sobriety Tests or Roadside Sobriety Tests

- ▶▶ Did the officer *direct you* or *request you* to perform any coordination or roadside sobriety tests? YES NO
- ▶▶ Exactly when - *in minutes, seconds* - after getting out of the car were you first requested or told to perform these tests? _____
- ▶▶ What was the *exact wording* used by the officer in making this "request" or "demand"? _____
- ▶▶ Did the officer ask you any preliminary questions about your physical limitations or impairments, or about any present illnesses or medications before beginning to "test" you? YES NO

9. FIELD SOBRIETY OR ROADSIDE SOBRIETY TESTS, continued

▶▶ Before you began doing *any* of the field sobriety tests (including the hand-held breath tester), were you under the impression that you were "in custody" or "not free to leave"? YES NO If YES, give details:

▶▶ Was there anything about this traffic stop that led you to believe this was not going to be a "brief" encounter with the police, but that you were going to be detained for a more prolonged period of time? YES NO

▶▶ If YES, give *specific* facts or reasons for this belief, for example, "took my license", officer said "you're not going anywhere after this", etc.

▶▶ If so, what questions did you ask and how did the officer respond?

▶▶ Were your shoes: ON OFF If they were ON, describe shoes worn during field sobriety tests:

▶▶ Were there any street lights or other lights (including automobile headlights) illuminating the area above or near your location? YES NO If YES, describe the lighting:

▶▶ Where were the lights in relation to tests? (*Please draw diagram - use separate sheet if necessary*)

9. FIELD SOBRIETY OR ROADSIDE SOBRIETY TESTS, continued

▶▶ Before doing *ANY* or all of these field tests, did you request to call an attorney? YES NO

▶▶ What were the agility or coordination tests that you performed *in the order given*, and how did you do? *

(* This section is NOT directed toward any hand-held testing device used, which has its own section.)

TEST TYPE	OFFICER SAID I DID:	I THOUGHT I DID:
1.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
2.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
3.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
4.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
5.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
6.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment
7.	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment	<input type="checkbox"/> OK <input type="checkbox"/> Failed <input type="checkbox"/> No Comment

ROAD OR SHOULDER CONDITIONS WHERE TESTS WERE GIVEN

<input type="checkbox"/> Level	<input type="checkbox"/> Smooth	<input type="checkbox"/> Wet	<input type="checkbox"/> Grassy	<input type="checkbox"/> Holes
<input type="checkbox"/> Sloping	<input type="checkbox"/> Rocky	<input type="checkbox"/> Dry	<input type="checkbox"/> Dirt	<input type="checkbox"/> Ruts
<input type="checkbox"/> Wide	<input type="checkbox"/> Windy	<input type="checkbox"/> Line to Walk	<input type="checkbox"/> Raining	<input type="checkbox"/> Hot
<input type="checkbox"/> Narrow	<input type="checkbox"/> Calm	<input type="checkbox"/> No Line to Walk	<input type="checkbox"/> Snowing	<input type="checkbox"/> Cold
<input type="checkbox"/> Glasses On	<input type="checkbox"/> Contacts In	<input type="checkbox"/> Crying	<input type="checkbox"/> Traffic Heavy	
<input type="checkbox"/> Glasses Off	<input type="checkbox"/> Contacts Out	<input type="checkbox"/> Nervous	<input type="checkbox"/> Traffic Light	
		<input type="checkbox"/> Can't Recall		

▶▶ Were there any distractions? YES NO If YES, give details:

▶▶ Were emergency lights still flashing while tests were being conducted? YES NO

9. FIELD SOBRIETY OR ROADSIDE SOBRIETY TESTS, continued

▶▶ Were people gathered around? YES NO If so, how many? _____

▶▶ What was the temperature? _____ What was the humidity? _____

▶▶ If you were asked to recite the *alphabet or part of the alphabet*, when was the last time you said your ABC's before the time of the arrest?

▶▶ Did the officer say the ABC's through the letter Z before asking you to do so? YES NO Not Applicable

▶▶ On any other "verbal" tests you were asked to perform, such as counting backwards, had you ever attempted to do that before being asked to perform at the time of your arrest? YES NO Not Applicable
 If YES, when? _____

▶▶ Were you shaking when being given the tests? YES NO Not Applicable Can't Recall

▶▶ Did the officer *demonstrate* any or all of the tests *before* you did them? YES NO Not Applicable

▶▶ Did the officer *advise* you what you had to do on each test to *pass* it? YES NO Not Applicable

▶▶ What compelled or caused you to attempt to perform these *voluntary* field sobriety tests?

▶▶ Did the officer ever indicate to you that these agility tests were *100% voluntary or optional*? YES NO Not Applicable

▶▶ Did the officer ever make any statement or promise to you that, if you passed these tests, he or she would let you go home? YES NO Not Applicable

▶▶ Did the officer ever indicate *in any manner or fashion* that by not taking field sobriety tests you would *either* lose your license, *or* be subjected to immediate arrest, *or* would be convicted of DUI/DWI for refusing? YES NO Not Applicable

▶▶ Did you ever *blow into* a hand-held alcohol tester at the *scene of the stop*? YES NO

If YES: Were you permitted to *see* the digital reading that the tester indicated? YES NO Not Applicable

If you were permitted to see, what was the reading? _____

If *not* permitted to see it, did the officer tell you the results? YES NO Not Applicable

What did he or she say about the results of the test? _____

▶▶ Were you asked or required to *blow more than one test* on the hand-held breath tester? YES NO

9. FIELD SOBRIETY OR ROADSIDE SOBRIETY TESTS, continued

- ▶▶ Did the officer ever make any statement or promise you that, if you passed the hand-held breath machine test that he or she would let you go home? YES NO
- ▶▶ Did the officer ever advise you that the hand-held test is **100% voluntary**, and that you had the right to refuse to take that hand-held test **without any penalty or loss of license**? YES NO
- ▶▶ Did the officer ever indicate **in any manner or fashion** that by not blowing unto the hand-held alcohol tester that you would either lose your license or be subject to immediate arrest? YES NO
- ▶▶ At what point was the hand-held test given to you in relation to the other **physical agility tests** you previously described in "Test Types"? Before Midway
 After Not Applicable
- ▶▶ Was there any **physical or vocal resistance** by you, or any interference with the officer's arrest procedures by others while you were being detained or when you were arrested? YES NO
- ▶▶ Did you ever advise **any** of the officers you came in contact with at the arrest scene, at the testing site, or **at the jail** that you wanted an independent test of your blood, breath or urine? YES NO

10. Arrest

- ▶▶ Were you ever told you were "under arrest" or similar wording to indicate that you were going to jail? YES NO If YES, when and by whom?

-
- ▶▶ Were you told **exactly** what you were being **arrested for**? YES NO
- ▶▶ If the officer told you one offense (for example, "DUI" or "DWI"), did he or she also advise you about being charged with the **other** traffic offenses for which you were ticketed? YES NO
- ▶▶ What was the last thing you said or did before the officer told you that you were under arrest?

-
- ▶▶ What was the officer's **exact** wording to you about your being under arrest?
-
-

11. Implied Consent Right

- ▶▶ Assuming you **were** read or given your implied rights, did the warning he or she read include the following information? (*Check answer below*)

11. IMPLIED CONSENT RIGHT, continued

Arkansas Statement of Rights DWI or Refusal to Submit or DUI

Any person who operates a motor vehicle or who is in actual physical control of a motor vehicle in this state shall be deemed to have given consent to a chemical test or tests of his or her blood, breath or urine, for the purpose of determining the presence and amount of alcohol, controlled substance, or any other intoxicant.

(1) If you refuse to take the test or tests, none will be given, but you will be in violation of Arkansas Code Annotated § 5-65-205, Refusal to submit, and your driving privilege will be suspended or revoked pursuant to Arkansas Code Annotated §5-65-402.

(2) If you choose to take the test or tests, and the results reflect an alcohol concentration of eight hundredths (.08) or more, or the presence of a controlled substance, or any other intoxicant, your driving privilege will be revoked or suspended pursuant to Arkansas Code Annotated §5-65-104.

(3) If you choose to take the test or tests, and the results reflect an alcohol concentration of four hundredths (.04) or more, or the presence of a controlled substance, or any other intoxicant for a violation occurring in a commercial vehicle, OR the results reflect an alcohol concentration or eight hundredths (.08) or more, or the presence of a controlled substance or any other intoxicant for a violation occurring in a non-commercial vehicle, your commercial driving privilege will be disqualified pursuant to Arkansas Code Annotated §27-23-112.

DUI

(4) If you are under the age 21 and you refuse to take the test or tests, none will be given, but you will be in violation of Arkansas Code Annotated §5-65-310, and your driving privilege will be suspended pursuant to Arkansas Code Annotated §5-65-310.

(5) If you choose to take the test or tests, and you are under age 21 the results reflect an alcohol concentration of two hundredths (.02) but less than eight hundredths (.08), your driving privilege will be suspended or revoked pursuant to Arkansas Code Annotated §5-65-304.

If you take the test or tests requested by law enforcement, you may also, at your own expense, have physician, registered nurse, lab technician, or other qualified person of your choice administer an additional breath, blood, or urine test. This department will assist you in obtaining such a test. Pursuant to Act 561 of 2001, if you choose to have an additional test, and are later found "Not Guilty" of Violation of the Omnibus DWI Act, for this arrest, the arresting law enforcement agency will reimburse you for the cost of the additional test.

▶▶ When you heard or read these words, did you understand these warnings and the penalties and consequences stated by the officer? YES NO Not Applicable

▶▶ What was your interpretation of the words the officer read to you?

▶▶ At the time these warnings were read to you, or otherwise told to you, had the officer told you or otherwise let you know by his or her conduct (for example, using handcuffs) that you were ***under arrest for DUI/DWI?*** YES NO Not Applicable

Explain your answer:

▶▶ If you took the officer's test(s), answer the following two questions:

1. Did you realize you had an **absolute right to refuse** the state-administered test? YES NO
2. Did the officer "speed read" or hurry the reading of these warnings? YES NO

▶▶ If you believed then, or if you believe now that the reading of these advisements was deficient or misleading **in any way**, please give detailed reasons why:

▶▶ Other than the wording given to you from the preceding applicable "warning", did the officer say **anything else** or elaborate or explain your obligation to submit to the official chemical sobriety test, or the penalties which would befall you if you refused to submit to it? YES NO

If YES, give wording used by officer: _____

▶▶ What were you doing or what was "going on around you" at the time the officer was giving you these implied consent warnings?

▶▶ Did you ever advise any of the officers you came in contact with at the arrest scene, at the testing site, or at the jail (**anyone, anytime, any place**) that you wanted an independent test of your blood, breath or urine? YES NO

If YES, give exact details and time this was done: _____

12. Miranda Warnings

NOTE: Don't confuse this "warning" with the Implied Consent Rights in the previous section.

▶▶ Were you given your **Miranda** warnings **at any time**? For example, "You have the right to remain silent. You have the right to an attorney. If you want an attorney, and can't afford one, the court will appoint one for you." YES NO

If YES, by whom were these read, where were they read to you, and, **most importantly**, when?

13. Conversation After Arrest

▶▶ What did the officer say or ask first *after* you were arrested? _____

▶▶ Precisely what was said or asked next and by whom? _____

▶▶ Were you struck, pushed, injured, verbally abused or "roughed up" by the officer(s) when you were arrested? YES NO If YES, give details:

14. Other People Present

▶▶ Were other people present during the arrest process or during the time the field sobriety tests were being given to you? YES NO If YES, who?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

▶▶ If you do not know the names, describe these people to the best of your ability, and where and when you encountered this person or people?

15. Car Towing or Removal from Scene

Complete applicable parts of this section.

▶▶ Make of car: _____ Year: _____ Model: _____

▶▶ What happened to your car? _____

▶▶ Was your car towed away? YES NO If YES, by what towing service?

▶▶ What were you doing or where were you when the tow truck arrived? _____

▶▶ Did the tow truck driver observe any part of your "sobriety testing"? YES NO Don't Know

- ▶▶ Did you speak to the tow operator? YES NO
 - ▶▶ Did you get a copy of the tow operator's report? YES NO
 - ▶▶ Did you have to sign a permission form? YES NO
 - ▶▶ Was your car searched? YES NO If YES, were you present? YES NO
 - ▶▶ Was anything removed or missing from your car, or was it "ransacked"? YES NO If YES, give details:
-
-

▶▶ If you had a car phone available, did the officer ever let you offer to call someone to come and get your car, or offer an alternate tow company? YES NO Don't Know

If YES, how long after you were "arrested" did the tow truck arrive? _____

▶▶ Did you ever hear or notice the officer requesting a "transport" or "tow" vehicle on his or her 2-way radio? YES NO Don't Know

If YES, when did you hear this? _____

▶▶ Did the arresting officer stay at the scene until the vehicle was towed away? YES NO Don't Recall

16. At Station / Jail / Testing Facility

▶▶ Did you see a clock when you arrived? YES NO Time: _____

▶▶ How many officers were there? _____

▶▶ Did you have any conversation with anyone? YES NO If YES, with whom?

▶▶ Were you asked any health or environmental contamination questions, such as: "Are you taking medication?" "Do you have false teeth or a bridge?" "Have you been around any paint vapors or other chemicals today before you took the state's test?"

YES NO If YES, what were you asked and what was your response to these questions?

▶▶ Were you: Searched? YES NO Fingerprinted? YES NO Videotaped? YES NO

▶▶ Was a "mug shot" taken of you? YES NO Did you sign any papers? YES NO If YES, what?

▶▶ Did the arresting officer make any statements about the circumstances of your arrest, or about your alcohol "reading", or about anything else of significance to the other officers? YES NO If YES, what?

▶▶ Did the arresting officer, or **any** officer, ask you about prior DUI/DWI offenses, or comment to you that your computer record showed **prior** DUI/DWI's? YES NO

▶▶ **Without being asked** about this, did you say anything to the officer about **prior** DUI/DWI's that you had? YES NO If YES, give details:

▶▶ Was the **arresting officer physically present** in the room where you were given the test, and did he or she keep you in view the entire time that you were at the testing facility? YES NO Don't Know

Explain: _____

▶▶ Did this officer, or any other officers in the testing room have their walkie-talkie(s) or portable radio(s) on their belts or shoulders when they were in the testing room? YES NO Don't Know

▶▶ While in the room where testing was being conducted, did you ever **hear or observe** an officer - **any officer** - use radio equipment in communicating with the dispatcher or other officers? YES NO If YES, give details:

▶▶ Was anyone smoking in the testing room prior to or during the time you were being tested? YES NO Don't Know

▶▶ Did any other officers make comments to the arresting officer, to the testing officer, or to you? YES NO If YES, what did they say?

▶▶ Were you permitted to go to the restroom? YES NO If YES, when?

▶▶ Were you permitted to make a telephone call? YES NO
If YES, when? _____ Who did you call? _____

▶▶ Were you allowed to smoke, drink water, or put anything into your mouth within 20 minutes before the test was administered? YES NO If YES, give details:

17. Breath Tests

*The next two Sections should be completed by you ONLY if you were administered a **breath test** by the police, after your arrest, at a police precinct or jail, or a at mobile testing van. If you were not taken to a breath machine and asked to blow into the collection tube, skip these Sections.*

▶▶ What was name of the testing officer/operator? _____

▶▶ What was police agency of the testing officer/operator? _____

▶▶ Was the officer/operator present when you arrived? YES NO

▶▶ Did the officer/operator arrive afterwards? YES NO If YES, when?

▶▶ Did the officer **turn on** the breath machine and wait over 20 minutes before asking you to "blow"? YES NO Don't Recall

▶▶ Did you ever hear the breath machine give any computer-generated "beeps" or "chirps" **before or during** your testing? YES NO Don't Know

If YES, what do you recall hearing and when did you hear it?

▶▶ When did the testing officer/operator begin "observing" you prior to the testing? _____

▶▶ Was this observation **continuous and uninterrupted**? YES NO Don't Know

▶▶ Where was the arresting officer during this time? _____

▶▶ Time of **first** test: _____ Reading: _____

▶▶ Time of **second** test: _____ Reading: _____

▶▶ Was there a witness to your breath test? YES NO Who? _____

▶▶ Did anyone ask to **look inside your mouth** before you were tested? YES NO

▶▶ At the breath testing location, did anyone **ask you** if you had been around paint vapors, volatile chemicals or solvents during the day prior to when you were stopped? YES NO

▶▶ Did anyone ask you about false teeth, bridge work or dental plates? YES NO Give details:

▶▶ Did you have a "fever" or elevated body temperature from **dancing, exercising, sunbathing, premenstrual cycle (women), or other exertion**? YES NO

Describe Other: _____

▶▶ Are you a smoker? YES NO

▶▶ Did you smoke while being transported to the breath testing location, or upon arrival there? YES NO

▶▶ Did you have any difficulty performing the breath test? YES NO If so, give details:

▶▶ If a "repeat blow" was required on the official chemical sobriety test (*not* the hand-held test), was the *mouthpiece changed* each time? YES NO Don't Recall

▶▶ In the 12 hours immediately prior to being tested on a breath machine, were you exposed to solvents, cleaning solutions, paints, active mineral spirits, or any similar caustic or aromatic substances (for example, breathing or working with)? YES NO If YES, give details:

18. Conversation with Breath-Testing Operator

▶▶ Did the breath-testing operator ask you any questions? YES NO If so, list the questions:

1. _____

2. _____

3. _____

▶▶ Did the breath-testing operator give you any instructions, or explain how the machine worked, or how you were to "blow" into the machine? YES NO If so, give details:

▶▶ Did the breath-testing operator ever show you his or her *permit* to operate the machine? YES NO Don't Recall

▶▶ Was the arresting officer present and observing *all procedures at all times* during the testing procedures? YES NO Don't Recall

▶▶ When you gave the breath sample, was your body in an upright position, perpendicular to the floor, or were you leaning forward to reach the mouthpiece from a sitting or standing position? Describe in detail:

▶▶ Did you get to see the numerical reading shown on the front of the machine? YES NO

19. Blood or Urine Tests

This Section should ONLY be completed if you were given a blood or urine test by the police.

▶▶ Where were you taken to obtain the blood/urine test? _____

▶▶ Who took you for the blood/urine test? _____

▶▶ When did this occur in relation to the time of your arrest? _____

19. BLOOD OR URINE TESTS, continued

- ▶▶ Had you already given a breath sample before being taken for blood/urine testing? YES NO
- ▶▶ Did you consent to having this blood/urine sample taken from you? YES NO
- ▶▶ What were you told or asked by the police in order to obtain your consent for this sample to be taken?

▶▶ Who drew or took your blood/urine sample? _____

▶▶ Were you **required** to sign any forms before the nurse/doctor/technician would take your blood/urine sample? YES NO If YES, what did you sign?

▶▶ Did the person who took your blood/urine sample use any type of cloth or swab to cleanse the surface of your skin **before** taking the sample? YES NO If YES, give details:

▶▶ As the needle was removed from your arm, did the person who took the sample hold a swab or cloth over the puncture site? YES NO

▶▶ What happened to the blood/urine sample after it was collected to you? Be as specific as possible:

▶▶ Were you told, or were you under the impression that if the police took a blood/urine test that you could not request your own independent test of your blood, urine or breath by a different medical laboratory provider? YES NO Don't Recall

20. Right to Counsel

▶▶ Were you ever advised by anyone that you had the right to consult with an attorney? YES NO

By whom? _____

When? _____

▶▶ Did you **ever** ask to call an attorney? YES NO

▶▶ Did you know the number of an attorney? YES NO

▶▶ Did you have the opportunity to make a phone call? YES NO If YES, when?

20. RIGHT TO COUNSEL, continued

▶▶ If you were denied the right to call an attorney before deciding whether to take the state's test, did the officer, or anyone at the station, explain *why* you were being denied access to legal counsel? YES NO If YES, give details:

▶▶ Were you given a phone book? YES NO

▶▶ Did you *ask* for a phone book? YES NO

▶▶ Were you physically able to read that night? For example, were you coherent and not impeded or restrained? YES NO

▶▶ Who told you that you could call an attorney? _____

▶▶ When were you told? _____

▶▶ When were you told you could or could *not* make a phone call to anyone else, if you desired? _____

▶▶ Did the police cooperate with you in providing phone access? YES NO

If NO, or if you were delayed in being provided phone access, or if the police limited your calls, give details:

▶▶ Could you talk privately? YES NO

▶▶ Were the police listening in on your conversation? YES NO

21. Forms Signed

▶▶ Did you ever sign your name? YES NO

▶▶ What documents did you sign, and why? _____

▶▶ Did you ever *refuse* to sign your name on any document? YES NO

Which document? _____

Why did you refuse to sign? _____

22. Video or Audio Taping

▶▶ Do you know if a videotape or audio tape was made at the arrest scene or at the testing site? YES NO Don't Recall

22. VIDEO OR AUDIO TAPING, continued

▶▶ Did the officer mention or did you have any clue(s) that a tape *may* have been being made? YES NO

Explain: _____

▶▶ Did you know that a tape was being made *when* it was being? YES NO

23. Release from Jail/Police Station

▶▶ What was the date of your release? _____ / _____ / _____

At what time? _____ : _____

▶▶ Were you released on your own recognizance? YES NO

If NO, were you released to a bondsman, friend or family member? YES NO

Who? _____ Phone: (_____) _____ - _____

Address _____

▶▶ How did that person know to come and assist you? _____

▶▶ Did you have any conversation with him or her? YES NO What did you talk about?

▶▶ Was there any discussion about getting an independent test? YES NO If YES, give details:

▶▶ Did you sign any forms for the bond? YES NO *If YES, provide copies with this questionnaire.*

24. Accident

This Section is to be completed ONLY if an accident of some type has occurred in connection with your DUI/DWI arrest.

▶▶ Were you involved in an accident? YES NO

▶▶ How many car(s) were involved in the accident? _____

24. ACCIDENT, continued

▶▶ Describe the accident: _____

▶▶ Were you inside your vehicle when the officer(s) first arrived on the scene? YES NO

If NO, give details of *where you were* in relationship to vehicles: _____

▶▶ Were there other person(s) from your vehicle there, also? YES NO

▶▶ After the accident, did you ever leave the immediate area for any purposes, such as to call a tow truck, police, etc.? YES NO

If YES, give details of how long you were gone, where you went, why you left, etc.:

▶▶ Were there any injuries or death to any other person(s)? YES NO

If YES, give full details on separate sheet.

▶▶ Did an *air bag* deploy inside your vehicle? YES NO

If YES, give details of how it affected you: _____

▶▶ Do you recall the circumstances leading up to the accident? YES NO If YES, give details:

▶▶ Did the arresting officer make it clear to you at what point of the investigation that he or she was terminating the *accident investigation and beginning the criminal investigation* against you for the suspected drunk driving? YES NO

▶▶ Give details about what questions the police asked, who asked the questions, and at what location they asked the questions:

24. ACCIDENT, continued

▶▶ Did the officer ever ask you about what you had to drink and when it had been consumed? YES NO Uncertain

▶▶ Were you given any *Miranda* advisements before the officer(s) began to question you? YES NO Uncertain

▶▶ Prior to this case, had you *ever* been the driver of a vehicle in which another person or persons, passenger(s) or pedestrian(s) were injured or killed? YES NO If YES, give details:

25. Driving and Criminal Record

NOTE: The prosecutor will have the following information, and I must know the entire history to be able to properly analyze your chances in trial.

▶▶ Have you had a prior DUI/DWI, test refusal, or any other alcohol-related criminal, civil or administrative driving offense(s) or license revocation(s) in your **LIFETIME ANYWHERE?** YES NO

If YES, when? _____

City _____ State _____

Case or Citation number: _____

Court that handled the case:

The _____ Court of _____ State _____

▶▶ If you have *any other* serious driving offenses, drug-related offenses, or alcohol-related offenses *anywhere*, list all below, including court, city, state and date (month and year) of arrest:

I am especially interested in any offenses that began as DUI/DWI and were reduced or changed to another offense.

1. Offense: _____ Month _____ Year _____
Court _____ City _____ State _____

2. Offense: _____ Month _____ Year _____
Court _____ City _____ State _____

3. Offense: _____ Month _____ Year _____
Court _____ City _____ State _____

4. Offense: _____ Month _____ Year _____
Court _____ City _____ State _____

25. DRIVING AND CRIMINAL RECORD, continued

▶▶ Were you ever in an accident involving serious injury or death, regardless of whether DUI/DWI was involved? YES NO

If YES, fully state the circumstances: _____

Who was the arresting officer? _____

What was the agency? _____

Were you represented by an attorney? YES NO

Attorney's Name? _____ Phone: (_____) _____ - _____

Address: _____

What was your plea? _____ Was there a trial? YES NO

Result: _____

▶▶ Are you presently on **probation** for any prior DUI/DWI? YES NO

▶▶ Are you presently on probation for **any other offenses**? YES NO If YES, give details:

▶▶ Was your license under suspension **in any jurisdiction** when you were arrested in this case? YES NO If YES, give details:

▶▶ What is the prior driving suspension, whether in effect now or not? _____

▶▶ Do you have any **prior serious traffic violations**, such as racing, attempting to elude an officer, hit and run, leaving the scene of an accident, etc.? YES NO

If YES, show offense(s) below and give approximate date(s) of occurrence:

- 1. Offense: _____ Month _____ Year _____
- 2. Offense: _____ Month _____ Year _____
- 3. Offense: _____ Month _____ Year _____
- 4. Offense: _____ Month _____ Year _____

25. DRIVING AND CRIMINAL RECORD, continued

▶▶ Do you have any prior *minor traffic violations*? YES NO

If YES, show offense(s) below and give approximate date(s) of occurrence:

1. Offense: _____ Month _____ Year _____
2. Offense: _____ Month _____ Year _____
3. Offense: _____ Month _____ Year _____

▶▶ Do you have a prior *criminal record of any type not already mentioned, especially alcohol-related or drug-related charges*, such as "underage possession of alcohol", "open container violation", "possession of marijuana", or "public intoxication"? YES NO

If YES, show offense(s) below and give approximate date(s) of occurrence:

1. Offense: _____ Month _____ Year _____
2. Offense: _____ Month _____ Year _____
3. Offense: _____ Month _____ Year _____

26. Refusal of the State's Breath, Blood or Urine Tests

Complete this Section ONLY if you REFUSED (or allegedly refused) to submit to the State's breath, blood or urine tests as requested by the arresting officer.

▶▶ What actions were taken or statements made by the police officer to you *just prior to your alleged refusal* to take the State's test(s)?

▶▶ Why did you refuse or why did the officer *claim* that you refused the State's test?

▶▶ *In what way or with what words or conduct* did you *allegedly* refuse the State's test?

▶▶ Were you aware that your license or privilege to drive on Arkansas highways would be *suspended* for:

1. 120 Days for a first offense .08 to .14? YES NO
2. 180 Days for a .15 or higher? YES NO
3. Six months for refusing to submit to the State's tests (first offense)? YES NO

▶▶ Have you provided me with everything you have received from the Department of Driver Control, any other state licensing agency, or from the arresting officer? YES NO

▶▶ Do you understand that you have or had a very *short amount of time*, 7 days after the arrest, in which to request an administrative hearing?

YES NO

▶▶ Have you received any notification from the arresting officer or from the Driver Control notifying you of suspension or revocation of your privilege to drive?

YES NO

If YES, have you filed an implied consent petition, or had our office assist you in doing so?

YES NO

FOR ARKANSAS BASED DRIVERS:

▶▶ Have you checked with the Department of Finance and Administration, Office of Driver Services, by telephone to see if your license is valid at this time? YES NO

The number is **501-682-1631**. If you call and get information, give a brief summary below:

FOR DRIVERS LICENSED IN OTHER STATE(S):

▶▶ A refusal in Arkansas may or may not affect your right to drive in your home state. When you drop off this questionnaire, ask for the phone number of an attorney from your state who specializes in DUI/DWI defense, so that you can get an answer to this question.

27. Other Charges from the Same Incident

▶▶ What is the citation number in the upper right-hand corner on your DUI/DWI ticket?

▶▶ If you were charged with *any other traffic offenses or crimes*, give the following information in *each separate offense*:

1. Offense: _____ Citation No. _____

(a) Describe the driving or activities that led to this charge being made against you: _____

(b) Were you aware you had committed this offense? YES NO If NO, give explanation: _____

(c) Were there any witnesses or evidence relating to this offense supporting your claim of innocence? YES NO Explain below: _____

2. Offense: _____ Citation No. _____

(a) Describe the driving or activities that led to this charge being made against you: _____

(b) Were you aware you had committed this offense? YES NO If NO, give explanation: _____

(c) Were there any witnesses or evidence relating to this offense supporting your claim of innocence? YES NO Explain below:

3. Offense: _____ Citation No. _____
(a) Describe the driving or activities that led to this charge being made against you: _____

(b) Were you aware you had committed this offense? YES NO If NO, give explanation:

(c) Were there any witnesses or evidence relating to this offense supporting your claim of innocence? YES NO Explain below:

If there are additional offenses, use other side of this sheet and/or separate sheet to list.

28. Administrative License Suspension

Complete this Section ONLY if you refused the State's official breath, blood or urine test.

▶▶ After your arrest did you receive an 8-1/2 x 11 inch form indicating that you have only seven (7) days to request an Administrative Hearing?? YES NO

Did you send in said request? YES NO

▶▶ After your arrest did you receive an 8-1/2 x 11 inch form indicating that your driving privileges in Arkansas would be suspended? YES NO

If YES, give details below and **IMMEDIATELY** provide copies of:

1. Your refusal to take a blood or breath test.
 2. Any such notice of revocation you have received, since there is a **strict time period** to consider.
- _____

IMPORTANT NOTE: When returning these forms, if you have not already supplied me with COPIES (NOT ORIGINALS) of the following, please do so.

1. Copies of all traffic citations you received after being arrested.
2. Copies of any "breath test" machine printout.
3. Copies of any incident report or arrest report from the case, if you have obtained one.
4. Copies of any accident report from the case, if you have obtained one.
5. Copies of any bond release forms relating to your case.

6. Copies of any "personal items" inventory forms you received in connection with your arrest; for example, jail intake or documents received upon release from jail/custody.

7. Copies of any other documents, receipts or other papers of any type whatsoever that you or your family, friends, or bondsman received on that occasion.

8. A copy of all tow company records (if applicable).

9. A copy of the 8-1/2 x 11 inch license revocation form, both front and back, completed by the police at the time you were jailed (if applicable).

10. Copies of other examples of your signature for **comparison** purposes; for example, copies of old canceled checks, letters, etc.

11. If you can obtain one, please provide us with a copy of your previous driving history from your state highway department or Department of Public Safety. Obtain the **longest** report available from each state, but at least five (5) years in length. Some drivers will need to seek reports from more than one state. For non-resident licensees, check with your state for costs and method(s) of requesting the report. The telephone number to the appropriate agency can usually be easily found by a simple internet search.

12. On any previous DUI/DWI offense(s) or habitual violator advisements, make copies of all prior documents that are in your possession that relate to any aspect of such case(s).

To the best of my knowledge and belief, the foregoing information is true and correct.

Signature _____

Date: _____