



Buckley & Hutchings, LLC
Attorneys at Law

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Attorney

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Attorney

Client Interview Form

Personal

Name _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

How did you hear about B&H:

- Yellow Pages- book Yellow Pages online (yp.com)
- Lawinfo.com buckleyhutchings.com
- Word of Mouth Referral (who can we thank: _____)
- Other: _____

Family

Marital status: Single _____ Married _____ Divorced _____

Spouse's name _____

Children _____ Number _____ Ages _____

If divorced, amount of child support payments _____

Employment

Present employer _____

Employer's address _____

Name of supervisor _____

How long employed _____ Job title _____

Job duties _____

Requirements to drive in connection with job _____

Impact of loss of license in connection with job _____

Impact of confinement on job _____

Impact of work release sentence on job _____

Are you a student? Yes _____ No _____ Need to drive for school _____

Name of school _____

Driver's License Status

Current status: Valid _____ Suspended _____ Revoked _____ 5 or 10 year denial _____

Commercial driver's license: Yes _____ No _____

Were you driving a commercial vehicle? Yes _____ No _____

Do you have a school bus operator's permit? Yes _____ No _____

Have you ever been issued a limited driving privilege? Yes _____ No _____

If yes, when? _____

Have you ever been convicted of a felony involving a motor vehicle? Yes _____ No _____

When? _____

Have you ever had a license revoked for breath test refusal: Yes _____ No _____

When? _____

Driver's License in Other States

In what states, other than Missouri, has a driver's license been issued to you? _____

Have you been convicted of a DWI or alcohol-related driving offense (even if the sentence was suspended in any other state)? _____

Has your driver's license ever been suspended, revoked, or denied in any other state? _____

Is your driver's license or driving privileges currently suspended, revoked, or denied in any other state? _____

Education

High school _____ Year graduated _____

College _____ Year graduated _____

Other formal education _____

Military

Branch of service _____ Years of service _____

Type of discharge _____

Awards and decorations _____

Civic Activities

Church _____

Clubs and organizations _____

Civic awards and honors _____

Prior Alcohol-Related Driving Cases

<u>Number</u>	<u>Date</u>	<u>Court</u>	<u>Disposition</u>	<u>Probation</u>
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1.

2.

3.

4.

5.

Prior Non-Alcohol-Related Cases

Number Date Court Disposition Probation

1.

2.

3.

4.

5.

Health and Physical Condition

Age _____ Height _____ Weight _____

Problems with any of the following?

Speech _____

Hearing _____

Vertigo or inner ear problems _____

Dizziness from other causes _____

Eyes _____

Wear glasses _____ Contacts, hard or soft _____

Any other physical conditions affecting balance or coordination? _____

Medical Care and Medication

Were you under a doctor's care at the time of your arrest? _____

Prescription medicines used now _____

Doctor who prescribed the medicines _____

Over-the-counter medicines used now _____

How do the medicines affect you? _____

Prescription medicines used at the time of your arrest _____

Doctor who prescribed the medicines _____

Over-the-counter medicines used at the time of your arrest _____

How do the medicines affect you? _____

Background Events on Date of Arrest

Date _____ Day of week _____ Time of arrest _____

Hours you normally sleep _____

Hours you slept the night before your arrest _____

Unusual events causing lack of sleep or tiredness _____

Events causing stress on the day of your arrest _____

Time you began work on day of arrest or previous day _____

Time you ended work on day of arrest or previous day _____

Activities on day of arrest or previous day if you did not work _____

Activities between end of work and first drink _____

Name and address of every place you consumed alcohol on the day or night of arrest _____

Were drinks purchased with cash or credit card? _____

Record of Drinking

Type of drinks _____

Size _____ Draft _____ Pitcher _____ Glass _____ Bottle _____ Can _____

Single shot _____ Double shot _____ Other _____

Time you began your first drink _____

Time you ended your last drink _____

Spacing of drinking _____

Time elapsed between last drink and stop by officer or accident _____

Any drinks while driving before stop? What _____

How many _____ Time before stop _____

If accident and left scene, any drinks after driving? _____

Where? _____ How many? _____ Time of each drink _____

If accident, drinks while waiting for tow truck or paramedics: _____

What? _____ How many? _____ Time of each drink _____

If first contact with officer was when the car was stopped, any drinks while stopped? _____

What? _____ How many? _____ Time of each drink _____

Activities at Place of Drinking

Dancing _____ Bowling _____ Pool _____ Darts _____ Golf _____ Boating _____

Other _____

Names and addresses of people with you while you were drinking _____

Person you talked with last before being stopped _____

Vehicle

Do you own the vehicle you were driving? _____

If someone else's vehicle, had you driven it before? _____

Description of vehicle _____

Anything unusual about or problems with the vehicle? _____

Working orders regarding repairs to vehicle _____

Driving Before Arrest

Route from place of drinking to stop by officer _____

Anything unusual that happened while driving _____

How many traffic lights or stop signs? _____

Road conditions including hills and curves _____

Weather conditions: Clear _____ Rain _____ Snow _____ Hail _____ Ice _____ Fog _____

How many traffic lanes? _____

How familiar were you with the road traveled? _____

Names and addresses of all passengers in vehicle _____

Can we contact passengers to testify at trial? _____

If accident occurred, names and addresses of witnesses _____

If accident occurred, names and addresses of paramedics _____

Any stops in stores or service stations where personnel are known? _____

Any cell phone calls to family or friends? _____

Road Blocks or Check Point Arrests (leave blank if inapplicable)

Location of check point _____

Any advance notice? _____

How far from the check point when you first observed it? _____

Any chance to avoid check point? _____

How many cars ahead of you? _____

Was every car being stopped? _____

How many officers were at the scene? _____

Any other people arrested? _____ Did you know any of them? _____

Was breath test given at site of arrest or elsewhere? _____

How long at check point before being taken to station? _____

Parked Vehicle (leave blank if inapplicable)

Where was vehicle parked when officer first contacted you? _____

Reason for parking _____

How long were you parked before first contact with officer? _____

Was engine running? ____ If not, how long was it off? _____

Lights on ____ Radio on ____ Heater on ____ Location of keys _____

Were you in or out of your vehicle? ____ Where? _____

Contact With Police

Where was officer when you first noticed officer? _____

Did you notice officer before officer turned on emergency lights? _____

How long did officer follow you before turning on emergency lights? _____

Your activities when you first noticed officer _____

What speed were you driving? _____

In what lane were you driving? _____

First thing you did after noticing officer _____

Where did you stop vehicle? _____

First thing you did after stopping vehicle _____

Where did officer stop officer's car? _____

Diagram area of stop or accident and field sobriety testing:

Did any other officers respond to the scene? _____

How were you dressed at the time of the stop? _____

Were clothes clean or soiled? _____

Anything unusual about your appearance? _____

Describe officer: Age ____ Appearance _____ Attitude _____

What was the first thing the officer said to you? _____

How did you respond? _____

Describe conversation with officer before exiting vehicle _____

Were you questioned about drinking? _____ What did you say? _____

Did you make any other statements about which you are concerned? _____

License requested _____ Any trouble producing? _____

Registration requested _____ Any trouble producing? _____

Proof of insurance requested _____ Any trouble producing? _____

Any problems exiting vehicle? _____

Did you need support while walking? _____

Where did officer direct you to go? _____

Field Sobriety Tests (leave blank inapplicable)

What field sobriety tests were you asked to perform? (write yes or no)

Horizontal Gaze Nystagmus _____

One-Leg-Stand _____

Walk-and-Turn _____

Alphabet _____

Counting Backward _____

Others field sobriety tests _____

Did you refuse to do any? _____ Why? _____

Any test performed not reported by officer? _____

Any test officer reported that you did not perform? _____

How do you believe you performed on each test? _____

Did officer say you passed or failed any of the tests? _____

Name and address of witnesses to any of the field sobriety tests _____

Description of area where field sobriety tests were given:

Lighting _____

Proximity to and volume of traffic _____

Weather _____

Temperature _____ Rain or snow _____ Wind _____

Surface conditions:

Level or slope _____ Smooth or rough _____ Debris _____

Describe your clothing _____ Type of shoes _____

State of mind or emotions at time of tests _____

Was video made of field sobriety tests? _____ How do you know this? _____

Horizontal Gaze Nystagmus Test (leave blank if inapplicable)

Glasses _____ Contacts _____ Hard or soft _____

Ever diagnosed with Nystagmus? _____ When? _____

Doctor's name _____

Ever diagnosed with eye injury, illness, or disease? _____

When? _____

Name and address of doctor _____

Any problems keeping head still during the test? _____

Any problems maintaining balance during the test? _____

Were you facing in the direction of the emergency lights? _____

Were you facing in the direction of lights of oncoming traffic? _____

Distance of stylus from your eyes _____

Was object moved in vertical as well as horizontal position? _____

How many passes made with the stylus? _____

How fast was stylus moved? _____

How many seconds was stylus held at 45 degree angle? _____

How many seconds was stylus held at maximum deviation? _____

Did the officer shine a flash light in your eyes during the test? _____

One-Leg-Stand Test (leave blank if inapplicable)

Any physical injuries making test difficult? _____

What? _____

Did officer ask about injuries? _____ What was your response? _____

What instructions did the officer give? _____

What part of the test, if any, did the officer demonstrate? _____

What did the officer tell you about counting? _____

How far in the count did you reach before the test was stopped? _____

At the time the test was stopped, how many times did you put your foot down? _____

When your foot touched, did you resume at that count or start over? _____
Did you choose leg on which to do test? ____ Was test on both legs? _____

What were the lighting conditions during this test? _____

Where were you told to look during this test? _____

Did the officer say it would score against you if you swayed? _____

Did the officer say it would score against you if you hopped? _____

What did the officer say about the position of your arms during this test? _____

Had you ever done this test before? _____

Were you allowed to practice this test? _____

Were you timed with a stop watch during this test? _____

Did the officer take notes during this test? _____

Describe in detail how you believe you performed on this test _____

Walk-and-Turn Test (leave blank if inapplicable)

Any physical injuries that made this test difficult? _____

Did officer ask you about injuries before you did this test? _____

Your response _____

What instructions for the test did the officer give? _____

What part of the test, if any, was demonstrated? _____

How were you standing during the instructions? _____

Was the line you walked real or imaginary? _____

Where was the officer standing while you did the test? _____

Did the officer state your heel and toe must actually touch? _____

What did the officer state about the position of your arms? _____

What type of turn were you instructed to make? _____

What type of shoes were you wearing? _____

Were you given an opportunity to remove your shoes for the test? _____

Had you ever performed this test before? _____ Did you have a chance to practice? _____

Did the officer take notes during this test? _____

Describe how you performed on this test _____

Did you have trouble walking or turning other than on this test? _____

Alphabet Test (leave blank if inapplicable)

What instructions were you given for this test? _____

How long had it been since you last said the alphabet? _____

Describe how you performed on this test _____

If you had trouble, why? _____

Counting Test (leave blank if inapplicable)

What instructions were you given for this test? _____

Had you ever counted backwards before? _____

Describe how you performed on this test _____

If you had trouble, why? _____

Portable Breath Test (leave blank if inapplicable)

Did you blow into a portable breath test machine at the scene? _____

How many times? _____

Romberg Test (leave blank if inapplicable)

What instructions were you given for this test? _____

Have you ever estimated time to yourself? _____

Describe how you performed on this test _____

If you had trouble, why? _____

Finger-to-Nose Test (leave blank if inapplicable)

What instructions were you given for this test? _____

Have you ever performed this test before? _____

Describe how you performed on this test _____

If you had trouble, why? _____

Finger-Count Test (leave blank if inapplicable)

What instructions were you given for this test? _____

Have you ever performed this test before? _____

Describe how you performed on this test _____

If you had trouble, why? _____

Repeated Tests

Were you asked to perform any of the field sobriety tests more than once? _____

Which tests? _____

By the same or a different officer? _____

The Arrest

Do you believe that you were intoxicated at the time of arrest? _____

Why or why not? _____

Any talk between officers between end of field sobriety tests and before arrest? _____

If you heard the conversation, what was said? _____

What were you told when arrested? _____

What tickets did you receive? _____

Were you given your *Miranda* rights? _____ When? _____

Where? _____

If arrest by municipal officer, where were you stopped? _____

If arrest outside officer's city, when did you first notice officer? _____

Field Sobriety Tests After Arrest

Were you given any field sobriety tests after your arrest? _____

Where? _____

Which tests? _____

Were you told again that you were under arrest? _____ Where? _____

When? _____

What charges? _____

Disposition of Vehicle After Arrest

Was the vehicle searched? _____

Any alcohol or alcohol containers found? _____

Any controlled substances found? ____ What? _____

Any drug paraphernalia found? _____

Was vehicle towed? ____ By whom? _____

Do you have tow record? ____ Was vehicle left at scene? _____

Did passenger in car drive vehicle home? ____ Name and address _____

Was that passenger sober or intoxicated? ____ On what is opinion based? _____

Were any field sobriety tests given to that person? _____

What tests? _____

Ride to Police Station

Describe what took place in the police car on the way to the police station after arrest _____

Describe any conversation with the officer _____

Describe conversation between the officer and anyone else _____

Events After Arrival at Station Before Breath Test

Describe in general what happened after arrival at station _____

Handcuffs removed or not? _____ Pockets emptied or not? _____ Did you vomit? _____

Were you ever out of the officer's sight? _____ When? _____

Did you have anything in your mouth at the police station? _____

What? _____

Did you have anything in your mouth at time of the breath test? _____

What? _____

Were any statements made about you by officers at the station? _____

What? _____

Was a video made of the booking process? _____

Where were the cameras? _____

Interview at Station

Does the police interview form accurately reflect your responses? _____

If inaccurate, in what way? _____

If you gave me different information, why? _____

Did you state to the officer you were under the influence of alcohol? _____

If yes, what did you mean? _____

Breath Test

Where was the breath test given to you? _____

Who operated the breath test machine? _____

Where was the operator in relation to you? _____

What instructions were given to you? _____

How many times did you blow into the machine before a reading was obtained? _____

How many seconds was each blow? _____

How did the last blow compare in length to previous blows? _____

How long between the end of one blow and the beginning of next? _____

Was mouth piece changed for each blow? _____

Did the officer adjust the machine between blows? _____

How many printouts were made? _____

What trouble, if any, did you have taking the test? _____

Refusal

Were you given the implied consent warning? _____ Where? _____

When? _____

Was it read to you from a form? _____

Did you refuse to take the test? _____ What words did you use, specifically? _____

Why did you refuse to take the test? _____

Did you attempt to give a breath sample? _____ If yes, what problems did you have? _____

Did you take the breath test but refuse a blood test or urinalysis? _____

If yes, explain _____

Did you ask to call a lawyer? _____ When? _____

Who did you ask? _____

What was the response to the request to call a lawyer? _____

Were you able to contact a lawyer? ____ Who? _____

Were you given access to a telephone and phone book? _____

Were you given privacy to make a phone call? _____

How much time were you given to contact an attorney? _____

What documents did you sign? _____

Did you refuse to sign any documents? _____

What? _____

Blood Test

Were you asked to take a blood test? _____

Where? _____

Was it at the request of a police officer? _____

Were you placed under arrest before a blood test was requested? _____

Describe the blood test procedure _____

Accident Case (leave blank if inapplicable)

Describe how the accident occurred _____

Describe the driving conditions _____

Road _____

Weather _____

Lighting _____

Did you lose consciousness? ____ Where? _____

How long? _____

Describe the injuries you sustained in the accident _____

Did the injuries interfere with the performance of field sobriety tests? _____

If yes, how? _____

Where were you when the officer arrived at the scene? _____

Did the officer ask if you had been driving? _____ Your response _____

Were you taken to a hospital? _____ Before or after the officer arrived at the scene? _____

Name and address of hospital _____

Do you recall being placed under arrest? _____ Where? _____

By whom? _____

Were any friends or family members present in the emergency room? _____

If yes, who? _____

Did you stay overnight at the hospital? _____ What period of time? _____

Did you see your doctor after release from the hospital? _____

Doctor's name _____

Release From Jail

How long did you remain in jail after the breath test? _____

Who picked you up at jail? _____

How long after the stop or accident were you released? _____

Where did you go when you left jail? _____

Were you given the keys to your car when you were released? _____

How long after release did you drive your vehicle? _____