

Client's Statement of Facts

In order to defend your DWI charge, we must have a complete understanding of what happened. Please answer the following questions as thoroughly and completely as possible.

PERSONAL INFORMATION:

Name: _____

Height: _____

Weight: _____

Age: _____

Do you have any disabilities that impair your balance or walking? Yes / No

If so, please describe:

Date of DWI Charge: _____

Do you have any prior DWI charges? Yes / No

If so, when did they occur and what was the disposition of the charges?

Are you a legal and permanent resident of the United States? Yes / No

VEHICLE

What kind of vehicle were you driving at the time of the DWI charge?

Make _____

Model _____

Year _____

Was the vehicle you were driving in good mechanical condition? Yes /No

If not, please describe what was wrong:

EVENTS PRIOR TO CHARGE

Please describe the route you were driving prior to the arrest:

Please describe the following events on the day of the arrest:

Date of Arrest: _____

How many hours of sleep the previous night: _____

What did you eat on the day of arrest:

Breakfast: _____

Lunch: _____

Dinner: _____

Other: _____

Please list any medicines or drugs before or at the time of your arrest, such as cold pills, aspirin, antihistamines, decongestants, tranquilizers, weight control pills, etc.?

Before your arrest were you exposed to any type of solvents or chemicals at home or work (e.g. paint fumes, gasoline, turpentine)? Yes / No

If so, please list _____

POLICE ENCOUNTER

Describe the weather conditions on the day of arrest:

Where did the arrest occur? _____

If it would help in understanding the arrest, please draw a diagram of the arrest scene on the back of this page.

Were you involved in an accident of any kind? Yes / No

If so, please describe the accident scene and list all people involved in the accident:

When did you first notice police officer? _____

What lane were you traveling in? _____

What speed were you traveling at? _____

Immediately after noticing blue police lights, what was the first thing you did? _____

What did you think attracted the officer's attention? _____

How long did it take to stop your car? _____

Where did you stop? _____

Where was the police car in relation to your car? _____

Describe the first thing you did after stopping: _____

Did you turn off the ignition? Yes / No

Did you turn off your lights? Yes / No

Did you turn off or turn down your radio? Yes / No

Did you have any difficulty doing any of these things? Yes / No

Please list ALL law enforcement officers involved in your stop and arrest:

1) officer _____

badge # _____

2) officer _____

badge # _____

3) officer _____

badge # _____

(If you need more space, please continue on the back of this page.)

What reason was given by the officer for stopping you?

Did you have your license and registration ready before the officer asked? Yes / No

Did you have to “fumble through things” to locate your license and registration? Yes / No

What was the first thing the officer said to you and how did you respond?

What questions did the officer ask you prior to getting you to step out of the vehicle?

How well did you handle stepping out of your vehicle?

Did the officer get you to take any field sobriety tests? Yes / No

If so, please list all tests you took and describe how well you performed

Please describe the conditions where you took the field sobriety tests:

Was the area: (please circle any that apply)

Level / Sloping

Rocky / Smooth

Wet / Dry

Grassy / Dirt / Pavement

Wide / Narrow

Holes / Ruts

Were there any distractions while taking the tests? Yes / No

If so, please describe: _____

Were there people gathered? Yes / No If so, how many? _____

When was the last time you said your ABC's prior to the arrest? _____

How did you feel during the tests? _____

Did the officer demonstrate each test before you did it? Yes / No

Did the officer tell you what you had to do to pass each test? Yes / No

Did the officer tell you whether you passed each test as you did it? Yes / No

Did the officer tell you that you were under arrest? If so, when? _____

Did the officer tell you why you were under arrest? If so, what was the reason? _____

Were you handcuffed? Yes/ No

Were you given a Miranda warning? Yes / No

Was it read to you? Yes / No

Did you understand the Miranda warning given? Yes / No

Did you say anything before you were read the Miranda warning? Yes / No

If so, please describe: _____

Did you say anything after the Miranda warning was read to you? Yes / No

If so, please describe: _____

Were there any witnesses to the arrest? _____

Please list the names, addresses, and phone numbers of anyone you were in contact with BEFORE, DURING, OR AFTER the arrest, including any passengers in your car:

1) _____

2) _____

3) _____

4) _____

(If you need more space, please continue on the back of this page.)

Did the officer give you a Breath Test before your arrest? Yes / No

If so, how many times? _____ How long between the tests? _____

What reasons did the officer give for arresting you?

Was the arrest at a roadblock or license check? _____

If so, how many cars were ahead of you? _____

How long did you wait in line? _____

Was there a sign, light, or flares? If so, please describe: _____

How many police cars did you see? _____

How many police officers did you see? _____

Were others arrested at the roadblock / license check? If so how many? _____

How long did you wait before being transported? _____

AFTER THE ARREST

After your arrest, did the police administer a:

blood test? Yes / No

breath test? Yes / No

Who administered the test? _____

Was anyone else present during the test? Yes / No

If so, who? _____

Were you told you had a right to have a witness present during testing? Yes / No

Were you told you had the right to contact an attorney? Yes / No

Were you given access to a telephone and telephone book? Yes / No

Did you request an attorney or a witness BEFORE the test? Yes / No

If so, when did they arrive at the police station? _____

Was the attorney or witness allowed to view the testing procedure? Yes / No

Did the person administering the test run a simulator test? Yes / No

Was there an observation period (wait) between the simulator test and your breath test?
Yes / No

If so, how long did you wait? _____

How many breath tests did you take? _____

Were any breath samples saved? Yes / No

Did you burp, belch, or regurgitate during any of the breath tests? Yes / No

Were you chewing candy, gum, or anything else prior to the breath test? Yes / No

Was the testing process video taped? Yes / No

Were any field sobriety tests performed at the jail? Yes / No

If so, please describe each test and how well you performed:

Did you sign any forms or documents? Yes / No

If so, please list or describe _____

Please describe your hearing before the magistrate:

What conditions of release were imposed by the magistrate?

Please give an honest assessment of the impairing substance:

What was the substance? _____

How much did you take / drink? _____

How long before the arrest? _____

Where were you while drinking / taking substance? _____

Was anyone with you while drinking / taking substance? _____

If so, please list name, phone number, and address of all people present:
