



CONFIDENTIAL DWI CLIENT QUESTIONNAIRE

Below you'll find some preliminary questions we would like for you to complete. The information aids in our preparation, not only in the early stages of a DWI Investigation, but also if the case proceeds to Jury Trial.

If a question does not apply to your situation, please skip it proceed to the next question.

DATE OF COMPLETION OF FORM: _____

1. PERSONAL INFORMATION

Name: _____

Have you requested an ALR Hearing yet? YES NO

Is today within 15 days from the date you were arrested? YES NO

2. SOCIAL MEDIA ACCOUNTS

Do you have any social media profiles or accounts, such as Facebook, Twitter, Blogs, Instagram, etc...? YES NO

*** Social Media Notice: Just as a reminder, please double check any of your social media profiles and accounts. Please change them to private while the case is pending, and make sure to monitor all future photos or messages concerning drugs, alcohol, or other possible topics that might influence the case.*

3. ARREST INFORMATION

(If you've already Hired the Keates Law Firm, please Skip Ahead to Section 4).

DATE OF ARREST: _____ COUNTY: _____

Which police agency arrested you? _____

COURT DATE? _____ COURT NUMBER? _____

4. OTHER OFFENSES

Were you charged with any offense other than DWI?

Offense: _____

Court and court date if different from the DWI: _____

5. DWI ARREST HISTORY

Prior arrests, convictions, or diversions:

Charge	County	Attorney	Disposition
Charge	County	Attorney	Disposition

6. DAY OF THE ARREST

What did you have to eat in the 12 hour period prior to arrest? _____

Are you aware of any people willing to testify that you were not under the influence? This includes passengers, or people you may have been with before the arrest? YES NO

Describe how you felt physically and mentally during the day of your arrest: _____

List the times you consumed each drink on the day you were arrested along with the type of drink, size of drink and location:

Time	Location	Type of Drink	Size of Drink
Time	Location	Type of Drink	Size of Drink
Time	Location	Type of Drink	Size of Drink

I have more to add!

Did you consider yourself to be under the influence of an alcoholic beverage at the time of your arrest? YES NO

7. VEHICLE AND DRIVING CONDITIONS

Why were you stopped, if you know? _____

Please list the extent of use your vehicle is used to perform employment duties:

Are you the primary driver in your household? YES NO

List any defects (mechanical or otherwise) in your car:

Were there any other factors that may have affected your driving? _____

8. THE OFFENSE

Date/time/place of arrest: _____

Police Department: _____

Do you speak English fluently? YES NO

Do you believe that the officer's language or accent caused any problems in you being able to understand him/her? YES NO

Do you believe that your language or accent caused any problems in the officer being able to understand you? YES NO

Were there any passengers in the vehicle?. YES NO

Who? _____

Were you wearing any article of clothing that may have been considered "binding" or restrictive enough to interfere with your ability to perform any of the field sobriety tests?

YES NO

If so, explain: _____

Were you offered a portable breath test at the scene? YES NO

Did you take it? YES NO

9. EVIDENCE SEIZED

Was your vehicle towed? YES NO

Was your vehicle searched? YES NO

If so, was anything taken by the police and not returned? YES NO

What was it? _____

Did you know it was there? YES NO

Were you personally searched? YES NO

10. WITNESSES

Identify by name and phone number all the people who saw you drinking, saw you driving, were with you prior to your arrest or saw you immediately upon your release from jail. Briefly tell what you think they know about the facts of your case. Would they be willing to testify? (Use another page if necessary.)

I have more to add!

11. IMPACT OF A DWI CONVICTION

Professional license(s): _____

Education Plans: _____

Educational background: _____

How would a conviction impact you personally? _____

How would a conviction impact your family (relationship)? _____

How would a DWI conviction impact your employment?. _____

Do you ever have to prove "insurability" in order to drive a "company" car? YES NO

Do you ever need to rent a rental car, for personal or business use? YES NO

If so, would denial of access to rental vehicles affect you or your employment? YES NO

Are you involved in any "domestic" (divorce, child custody, etc.) case or judicial dispute that a DWI conviction might impact?YESNO

Explain: _____

Are you professionally licensed (i.e., teacher, attorney) or specially licensed (i.e., pilot, cab driver, etc.) such that you may lose such license as a result of a conviction? YES NO

If so, explain: _____

Does your job involve "security clearance" or "top secret" status such that your employer may be unwilling to accept a DWI conviction? YESNO

Are you currently enrolled in college or university, where you may be subject to disciplinary suspension for DWI? YESNO

What is your biggest concern about this arrest:

Are you presently in military/reserves or planning to join? YESNO

If your license is issued by another state, are you aware that there may be additional penalties and/or insurance assessments if convicted in this state? YESNO

If you have not done so already, would you like to hire a lawyer in your home state with whom we may call? YESNO

We recommend doing so. We are not licensed to practice law in your home state and therefore are not familiar with all the laws and consequences that might affect you.

Have you had an Occupational License issued in Texas within the last 10 years? YESNO

If so, how many Licenses in that 10 year period? _____

Do you owe any Surcharges that you're aware of?

Was your license suspended previously?

Did you have insurance at the time of this DWI Arrest?

Medical Information

1. MEDICAL/PHYSICAL INFORMATION

Often one's medical condition can mimic intoxication and may affect one's performance with the police. Please complete each question fully and completely. An omission can adversely affect the outcome of your case.

If you have sought medical treatment for any physical or psychological condition, please list them below in chronological order from oldest to most recent.

Have you been hospitalized at any medical facility? YESNO

If so, please list the most recent facility and date(s), as well as the reason for the hospitalization:

When was the last time you were examined by a medical care provider (physician, nurse practitioner, chiropractor, etc.) other than for a scheduled checkup? _____

What was the purpose of the visit? _____

What was the diagnosis? _____

Are you currently under the care of a doctor? YES NO For what? _____

Were you taking any medication or drugs at the time such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills, etc.? List all medications taken within 24 hours of your arrest (prescription and non-prescription). Include type, dosage, and time you took the medication - in particular whether you took aspirin, ibuprofen, Zantac® or Tagamet®:

What effect does the medication have on you? _____

Were you warned by your doctor or pharmacist of any side effects? _____

Do you have any physical disability which would cause imperfect balance or any injuries that would cause you to look like you were intoxicated? _____

Presently receiving worker's compensation or unemployment benefits? YESNO

Any prior organized sport participation or lack thereof may be beneficial to your defense. This is particularly important if you sustained any injuries while playing sports; therefore, please detail any injuries below.

Name of sport: _____

Injuries sustained: _____

Exercise regularly? YESNO

Do you suffer from any eye diseases or disorders? _____

Were you wearing corrective lenses at the time of your arrest? _____

Do you have any difficulties with coordination or balance?

Check all that apply:

_____ I have knee problems.
Prior surgeries? _____
Currently under medical treatment? _____

_____ I have a learning disability.

_____ I have dyslexia.

_____ I suffer from an anxiety disorder.

_____ I wear hard / soft contact lenses.

_____ I have been diagnosed with ADD or ADHD

On medication? _____ What is it? _____

Did you take it on the day of your arrest? _____

_____ I've suffered a head injury in the past. (at any point)

If so, when? _____ Hospitalized? _____

Any lasting symptoms? _____

_____ I've been diagnosed with nystagmus.

_____ I have had meningitis. If so, when? _____

2. ALCOHOL/DRUG HISTORY

Have you ever undergone alcohol or drug counseling? YESNO

Do you believe you presently have an alcohol or drug problem? YESNO

Would you like assistance in obtaining counseling or inpatient care? YES NO

My favorite alcoholic beverage is _____

I first used alcohol when I was _____ years old.

I drink because _____

How much alcohol does it take for you to feel the effect? _____

Alcohol affects me in the following way(s): _____

How much is "too much" alcohol for you?. _____

Have you ever been intoxicated? YESNO Blacked out? YESNO

Approximately how many times? _____

When was the last time? _____

Have you ever been to Alcoholics Anonymous? YESNO

How frequently do you consume alcohol? _____

How much do you normally drink when you are drinking? _____

How does that quantity usually affect you and your judgment? _____

Have you ever been criticized by a friend or family member for drinking too much?
YES NO

3. FOR FEMALE CLIENTS ONLY

Answer these questions only if you took a chemical test for intoxication such as breath, urine or blood.

Do you take birth control pills? YES NO

How long have you been on this medication? _____

At the time of the arrest, were you having your period? YESNO

If you were having your period and you believe that may have interfered with your ability to perform field sobriety tests, please explain:

At the time of my arrest, I was suffering from what is commonly referred to as "PMS." YESNO

I was afraid during the encounter with the police. YES NO

Were you wearing heels on your shoes? YESNO

If so, how high were the heels? _____

THE FOLLOWING QUESTIONS ARE RELATED TO CHEMICAL TESTING

*To Be Completed **Only** If Your Case Involves a Breath or Blood Sample*
If your case was a Refusal that DID NOT result in a test, please skip this section.

1. BREATH TEST (Skip if you did not take a breath test)

Did the officer tell you to remove anything from your mouth? _____

Did you have anything in your mouth? YESNO What? _____

Did you smoke before taking the test? YES NO

Did you belch, hiccup, or sneeze 20 minutes prior to blowing? YES NO

Did you vomit prior to taking the test? YESNO

Did the officer have any difficulty operating the machine?

YESNO Did you request another test? YESNO

What type of test did you request? _____

Please describe your occupation:

Describe any substances you are routinely exposed to such as paint solvents, hair spray, cleaning solutions, etc.:

2. BLOOD TEST (Skip if you did not take a blood test)

Where did the officer take you to give the blood sample?. _____

Was the blood taken from a vein near your elbow? _____

If not, from where was the blood taken? _____

If so, from which arm was the blood taken? _____

How many vials of blood were taken? _____

If you had an accident:

Were you transported to the hospital? _____

Were you given an IV? _____

Was the blood drawn from the IV line? _____

3. MEDICAL ISSUES

Was your stomach upset at the time of arrest? YES NO

Upset stomach, stomach disorder, burping or belching? _____

Do you suffer from gastroesophageal reflux disease (GERD)? _____

Do you regularly take antacids such as Tums? _____

If yes, how often? _____

Do you suffer from non-alcoholic steatohepatitis (NASH), fatty liver, or any other liver condition/ disease or liver enzyme abnormality? _____

Check all that apply:

_____ I work around chemicals and solvents.

_____ I wear a medicinal patch (ex. Nicotine, motion sickness, birth control)

_____ I refinish furniture on a regularly basis.

_____ I've had gastric bypass surgery or lap band surgery.

_____ I suffer from heart disease.

_____ I have _____ Type I or _____ Type II diabetes.

If yes, do you test your blood? _____ How often? _____

Are you taking insulin? _____ Medication? _____

_____ I've had surgery in the last 12 months.

_____ An airbag was deployed prior to my arrest for DWI.

_____ I took aspirin the day I was arrested.

_____ I was on antibiotics on the day I was arrested.

_____ I am on an unusual or high protein diet (such as Atkins).

_____ I am of Japanese, American Indian or Eskimo descent.

_____ I suffer from gum disease.

_____ I have dentures, partials, caps, crowns or a retainer.

_____ I vomited during or after my arrest.

_____ I have lung disease such as asthma, chronic bronchitis or emphysema. Do you use an inhaler? _____
Do you use an oxygen tank? _____
_____ I suffer from stomach ulcers.
_____ I have Crohn's disease.
_____ I took Ambien within 24 hours of my arrest.
_____ I take Accutane.

Please list any other ailments you currently suffer from and any surgeries that you have had:

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

How much sleep had you had in the 24 hours prior to arrest? _____

How much sleep do you normally require each night? _____

Do you suffer from any sleep disorders? YES NO

Do you currently smoke? YES NO

Do you smoke cigarettes smoke cigars pipes other Describe: _____

How long have you been a smoker? _____

If you do not currently smoke, have you been a smoker in the past? YES NO

How long did you smoke and when did you stop smoking? _____

Had you smoked within 24 hours of your arrest? YES NO

Do you use chewing tobacco? _____

When last used prior to arrest: _____ Type:

From the point of being pulled over to the point of being left in the holding cell at Jail, do you recall if you asked to use the bathroom? If Yes, did the officer allow you to use the bathroom? YES NO

Thanks! We'll review and go into more detail with you when we meet again.

Client Signature

Date: _____