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DUI Questionnaire

Full Name _____ Birthdate _____ Age _____
Address _____ City _____ State _____ Zip _____
Email address _____ Driver's License No. _____ State _____
Birth Place _____ Social Security No. _____
Phone Hm _____ Cell _____ Wk _____
Employment _____
How many Prior DUI's have you had and when _____
Date of Arrest: _____ Arresting Agency: _____
Court you have to appear: _____ When _____
Address where this occurred: _____
Was there a video of the test? _____
Any additional charges from this incident? _____
How many officers were there? _____

PULL OVER

Reason the Officer gave you for pulling you over: _____
Do you dispute the officer's reason? (yes / no) explain: _____

FIELD SOBRIETY TESTS

Did the officer give you the HGN Test (eye test)? (yes / no) _____
What were the lighting conditions like? _____
Explain which way you were facing? _____
Were there any distractions like his overhead lights on? _____
Had you been smoking, had caffeine, or any medication prior to these test? (yes / no)
explain: _____

Did the officer give you the one legged stand? (yes / no) _____
What kind of shoes were you wearing? _____
What was the surface like? _____
What was the weather and wind like? _____
Explain any problems you had with this test?

Was there any other conditions that would cause you to do bad on this test? Explain: _____

Did the officer give you the nine step walk and turn test? (yes / no)

Explain any problems you had with this test?

Did the officer use a real line or an imaginary line? _____

Describe the surface conditions for this test?

Did the officer give you a Portable Breath Test at the Scene? (yes / no)

Did the officer tell you the result and what was the result? _____

Did the officer give you any other tests and what were they and explain how did on them?

DRINKING

When the officer asked you how many drinks you had, what did you say?

How much do you weigh? _____ Time of first Drink _____ Time of last drink _____

Type of drink(s)? (include brand names such as bud light)

How many total drinks? _____ Full, light, empty stomach? (circle)

BREATHALYZER

What type of chemical tests were you given? (blood, breath, urine)

Who administered the test? (Arresting officer, different officer, nurse, someone else _____.)

Did the officer look in your mouth before giving you the breath test? (yes / no)

Did the officer wait 15 minutes after looking in your mouth before giving you the test? (yes / no)

Did the officer stay in your constant contact the whole time after looking in your mouth (yes / no)

Explain _____

What was the result of the test? _____

Is there any reason why you feel this test was inaccurate? _____

Did the officer have a radio on at the time the test was administered and was he talking on it? _____

WITNESSES

