



# THE ANGLES LAW FIRM L.L.C.

1609 West 92nd Street, Kansas City, Missouri 64114

Phone (816)471-5777 | Fax (816)471-5778

## DUI Client Questionnaire

### Basic Information

Full Name \_\_\_\_\_

Today's Date

\_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

Fax \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_ **Ok to Use?** (circle one) **Yes No**

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Your Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? (Please circle one) **Yes No**

Have you had driver's licenses in other states? (Please circle one)      **Yes**      **No**

If so, list the state and time period in which you were previously licensed

---

---

---

---

How were you referred to the Angles Law Firm, LLC?  
(Please circle one)

**Individual**      **Attorney**      **Internet Site**      **Other (Please Explain)**

What is your preferred method of payment?  
(Please circle one)

**Check**      **Cash**      **Visa**      **Mastercard**      **Discover**

## DUI/DWI Information

Details win DUI cases. The only way to have a viable chance at being successful in your case is if we know as much detail as possible on the following questions. If you don't know the answer to a question, leave it blank or indicate so. Please be assured that this questionnaire will be used in our office only, and your confidentiality will be protected.

1. Have you ever been arrested for a DUI or DWI before?

(Please circle one)    **Yes**    **No**

2. For each arrest list the approximate date and the outcome of the case (including pending cases, diversions, dismissals, convictions, etc.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**(Use Back)**

3. Please list all prior arrests of any kind, including the approximate date of diversion, conviction, or dismissal (also, please list any pending cases)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**(Use Back)**

4. Were you on diversion or probation at the time of your arrest in this matter?

(Please circle one)    **Yes**    **No**

Where and for what? \_\_\_\_\_

5. Date of this DUI arrest

\_\_\_\_\_

6. Court date \_\_\_\_\_ Time \_\_\_\_\_

7. Name of city in which you were arrested \_\_\_\_\_

8. Exact location of arrest \_\_\_\_\_

9. Arrested by (Please circle one)    **City Police**    **Sherrif's Deputy**    **Highway**  
**Patrol**

10. What other citations were issued (speeding, driving while suspended, etc)

\_\_\_\_\_

11. Were you involved in an accident? (Please circle one)    **Yes**    **No**

12. Was anyone injured? (Please circle one)    **Yes**    **No**

13. What did the officer say he stopped you for?

\_\_\_\_\_

14. Did the officer ask you to take field sobriety tests? (Please circle one)      **Yes**      **No**

15. Did the officer have you follow a pen or other instrument with your eyes?

(Please circle one)      **Yes**      **No**

Did you... (Please circle one)      **Pass**      **Fail**      **Don't Know**

16. Did the officer have you stand on one leg? (Please circle one)      **Yes**      **No**

Did you... (Please circle one)      **Pass**      **Fail**      **Don't Know**

17. Did the officer have you walk a line heel-to-toe? (Please circle one)      **Yes**      **No**

Did you... (Please circle one)      **Pass**      **Fail**      **Don't Know**

18. Did the officer have you say the alphabet? (Please circle one)      **Yes**      **No**

19. Did the officer have you count numbers? (Please circle one)      **Yes**      **No**

Backwards? (Please circle one)      **Yes**      **No**

20. Please list any other field tests given

---

---

21. Did the officer have you blow into a hand-held breath machine?

(Please circle one)    **Yes**    **No**

What were the results? \_\_\_\_\_

22. Did the officer tell you that you could refuse to blow into that machine?

(Please circle one)    **Yes**    **No**

23. Were you handcuffed?

(Please circle one)    **Yes**    **No**

24. Did the officer ever read you your rights (i.e the right to remain silent, anything you say could be used against you, right to an attorney)? (Please circle one)    **Yes**    **No**

When? \_\_\_\_\_

25. Did the officer ever read you a list of rights about chemical testing to determine your blood or breath alcohol (i.e. Kansas law requires you to submit to testing, there is no constitutional right to refuse, that if you refuse your license would be suspended, etc?) (Please circle one)    **Yes**    **No**

26. Did the officer make you wait 20 minutes before taking the test?

(Please circle one)    **Yes**    **No**

27. Did the officer ever leave you alone during this 20 minute period?

(Please circle one)    **Yes**    **No**

28. Where were you during this time period (in cop car, in a cell, at a desk, etc)?

---

---

29. Did you cough, belch, regurgitate or put anything in your mouth during this 20 minute period? (Please circle one)    **Yes**    **No**

30. Did you submit to a test of your (Please circle one)    **Breath**    **Blood**    **Urine**

31. Did you ask the officer if you could take a test other than the test offered?

(Please circle one)    **Yes**       **No**

32. If you asked for an alternate test, what was the officer's reply or reaction?

---

---

33. If you refused, did you tell the officer why you refused?

(Please circle one)    **Yes**       **No**

34. Did the officer ever look inside your mouth?

(Please circle one)    **Yes**       **No**

35. Did you have anything inside your mouth?

(Please circle one)    **Yes**       **No**

36. Do you have gum disease or problems with bleeding in your mouth?

(Please circle one)    **Yes**       **No**

37. Were you wearing contacts at the time of arrest?

(Please circle one)    **Yes**       **No**



38. Have you ever had surgery?

(Please circle one)    **Yes**    **No**

If so, when and for what?

---

---

39. Please list any and all physical illnesses, impalements or disabilities you had at the time of arrest (including troubles with knees, ankles, back, or illness such as a cold, allergies, diabetes, or asthma)

---

---

---

---

---

---

---

40. Please list any and all learning disabilities, mental illnesses or disorders you suffered from at the time of your arrests (including Attention Deficit Disorder, manic depression, schizophrenia, etc)

---

---

---

---

---

---

---

---

---

---

41. What and when had you eaten on the date of your arrest?

---

---

42. How long prior to the test had it been since you had an alcoholic drink?

---

---

43. What medications were you taking at the time of arrest?

---

---

44. What specifically do you do at your job?

---

---

---

---

45. Do you work around any solvents or chemicals (i.e. paint, paint thinner, gasoline, etc)? (Please circle one)    **Yes**    **No**

46. Please list any persons who were with you at or just prior to the time of your arrest.

---

---

47. Do you suffer from acid reflux, GERD, or other similar problems?

(Please circle one)    **Yes**    **No**





