

Instructions to prospective DWI clients:

1. print this document
2. complete it as best you can
3. bring it to your first interview

PRELIMINARY CLIENT INFORMATION

This packet is for information purposes only and does not imply a contractual relationship with the Law Office of K.G. Tucker.

Name _____

Address _____

Telephone Number _____ (h)

_____ (w)

_____ (m)

_____ (p)

E-mail address _____

DOB _____

TX DL _____

Social Security No. _____

Please state the nature of your case and any questions you may have: _____

Do you have any pending lawsuits or criminal cases? Yes / no

If yes, please describe: _____

Are you are on probation or parole? Yes / no

If yes, please describe briefly including the charge, date and county:

Date of Arrest _____ Place of Arrest _____

Day of week _____ Time _____

Arresting Agency _____ Officer _____

Back up _____ # cops / cars _____

Passengers & or Witnesses? _____

Were your passengers or witness arrested or released? _____

Where? (At scene? With vehicle?) _____

Please provide the details of the stop – including direction of travel; first sighting of officer; potential traffic violations; means used to effect stop & your response

First statement(s) / question(s) by officer & your response – including reason for stop:

Was there an accident? (please provide the other driver's name & substance of any conversation – who caused; injuries & property damage)

Did you have any open or unopened containers? Yes / no

Did you have any difficulties exiting your vehicle? Yes / no

Any indication you were being taped at the scene? Yes / no

Were you or your car searched? What was the extent of search? Who conducted? What was found?

Did you make any incriminating or troublesome admissions? Yes / no

If yes, what? _____

Field Sobriety Tests:

Describe area where you took the FSTs _____

What tests did you perform at the scene? _____

At the jail? _____

Who else observed the FSTs? _____

At what point were you cuffed? _____

When & where were you told you were under arrest? _____

Video Room:

Did you give a specimen of your breath or blood? Yes / no

If yes, what were the results? _____

Narrative of days events prior to arrest:

Time woke up _____ how many hours of sleep? _____

Breakfast _____

Worked? Yes / no where? _____

How long? _____

Lunch _____

Dinner _____

Number of drinks? _____ Type _____

First drink _____ Last drink _____

Last food eaten & when _____

Witnesses:

prior to arrest _____

relationship to client _____

what did they see _____

during arrest _____

relationship to client _____

what did they see _____

Special problems:

Were you on medication; under doctor's care; or do you have any physical disabilities or illness that can be documented?

Is anything wrong with the car you were driving? Yes / no
