



THE LAW OFFICE OF  
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Outstanding Criminal Defense  
Outstanding Attorney

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***THIS DOCUMENT CONTAINS WORK PRODUCT***

**DWI INFORMATION & INTERVIEW**

*Completion of this information packet does not imply an attorney-client relationship with the Law Office of Kimberly Griffin Tucker.*

Today's date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Contact Numbers: \_\_\_\_\_ (mobile)  
\_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

E-mail address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital status: \_\_\_\_\_ TX DL: \_\_\_\_\_

Are you a U.S. citizen or have you been naturalized? Yes/no

If no, where you born? \_\_\_\_\_

What is your status? Please explain in detail including when this began \_\_\_\_\_

How did you originally enter the US & when? \_\_\_\_\_

Have you had any prior deportations? Yes / no If yes, explain when & give details \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Job Description: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_/\_\_\_\_\_

Relationship to you: \_\_\_\_\_

How did you find me? Referral from \_\_\_\_\_ or AVVO or JUSTIA or general web search

CURRENT CRIMINAL HISTORY

Do you currently have any OTHER pending criminal cases? Yes / no

If yes, please describe: \_\_\_\_\_

Are you currently on probation or parole for any OTHER criminal cases? Yes / no

If yes, please describe: \_\_\_\_\_

PREVIOUS CRIMINAL HISTORY

<u>Year</u>	<u>offense</u>	<u>county</u>	<u>disposition</u>
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License suspensions

Is your DL currently suspended/ revoked? Yes/ no

if yes, why? \_\_\_\_\_

Has your license ever been suspended/ revoked? Yes/ no

if yes, why? \_\_\_\_\_

Have you ever had an Occupational Driver's License? Yes/ no When? \_\_\_\_\_

Do you owe DPS any surcharges or reinstatement fees? Yes/ no

if yes, why? \_\_\_\_\_

CURRENT CASE

What were you arrested for? \_\_\_\_\_

What county? \_\_\_\_\_

Bail Bond amount \_\_\_\_\_ Cash or Bond Company \_\_\_\_\_

If you gave breath or blood, answer the following:

Are you routinely exposed to any chemicals? \_\_\_\_\_

Do you: practice a low-carb/"Atkins" diet? Y/N Suffer from GIRD/Heartburn? Y/N

ALR

Did you give breath, blood or refuse? \_\_\_\_\_

Breath given – results? \_\_\_\_\_

Breath/blood refused \_\_\_\_\_ Warrant for blood \_\_\_\_\_

Gave blood \_\_\_\_\_

Date DIC 24 given \_\_\_\_\_ +15 days = \_\_\_\_\_ +40 days = \_\_\_\_\_

ALR requested? yes / no by \_\_\_\_\_ / attorney

DWI

Date of Arrest \_\_\_\_\_ Place of Arrest \_\_\_\_\_

Day of week \_\_\_\_\_ Time \_\_\_\_\_

Arresting Agency \_\_\_\_\_ Officer \_\_\_\_\_

Back up \_\_\_\_\_ # cops / cars \_\_\_\_\_

Weather conditions \_\_\_\_\_

Passengers? Yes / no Arrested or Released? At scene? With vehicle?

Details of 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? yes/ no

If accident - were you still in the vehicle when the officer arrived? Yes/ no

have all claims for property damage been settled? Yes/ no

was anyone hurt? Yes / no \_\_\_\_\_

Did the officer find: Open container? Drugs or paraphernalia? Weapons? \_\_\_\_\_

Did you have any difficulties exiting? Yes / no

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

\_\_\_\_\_

Describe area where you took the FSTs \_\_\_\_\_

What tests did you take?

Test taken (circle those that apply) \_\_\_\_\_ how did you do?

HGN (pen/eye) \_\_\_\_\_

OLS (stand on one foot) \_\_\_\_\_

WAT (9 steps) \_\_\_\_\_

ABCs \_\_\_\_\_

Counting backwards \_\_\_\_\_

Type of footwear worn during tests \_\_\_\_\_

Other persons who observed the FSTs \_\_\_\_\_

Transport – include time, detours, and any conversation

Did you provide the following information?

First drink \_\_\_\_\_ Last drink \_\_\_\_\_

Food consumed \_\_\_\_\_ when \_\_\_\_\_

Number of drinks \_\_\_\_\_ Type \_\_\_\_\_

(Number of drinks actually consumed? \_\_\_\_\_ Type \_\_\_\_\_)

Did they find any receipts? yes / no \_\_\_\_\_

Do you think you were under the influence? yes / no

Did you indicate this to the officer? yes / no when? \_\_\_\_\_

Are you on medication; under doctor's care; physical disabilities or illness? Yes / no

If yes, describe, \_\_\_\_\_

Are records available? yes / no Did you tell officer? yes / no

Have you suffered any recent head trauma, including a closed head injury? Yes / no

If yes, describe, \_\_\_\_\_

Are records available? yes / no Did you tell officer? yes / no

Do you have any issues of any kind with your back, legs, or knees? Yes/ no

If yes, describe, \_\_\_\_\_

Are records available? yes / no Did you tell officer? yes / no

**Witnesses:**

prior to arrest      yes / no      were they drinking?      Yes/ no

if no, would they testify?    Yes/ no      contact info & nature of relationship

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during arrest      yes / no      were they drinking?      Yes/ no

if no, would they testify?    Yes/ no      contact info & nature of relationship

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Are there any other issues I should know about?

With car?    Scene?    officer?    other?    \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ CASE \_\_\_\_\_ COUNTY \_\_\_\_\_

**THIS PAGE WILL BE FILLED OUT BY MRS. TUCKER:**

**Client's to-do list:**

**WRITE YOUR OWN STATEMENT ABOUT YOUR DAY**

**INCLUDE EVENTS OF YOUR DAY LEADING UP TO THE ARREST**

**& THE EVENTS OF THE ARREST ITSELF**

ALR - DN DL CL

BTR (warrant yes/no) or BTF . \_\_\_\_\_ or gave blood \_\_\_\_\_

If DL taken, get a new DL \_\_\_\_\_

ODL - DN DL CL

DN – get DAE for ODL (DLD issue)? \_\_\_\_\_ if yes, refer to \_\_\_\_\_

Expert K sent? \_\_\_\_\_

DWI - DN DL CL

If prior alcohol contacts, get DAE? \_\_\_\_\_ if yes, refer to \_\_\_\_\_

NOTES: \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_