

**Eversole Law
 2205 Morris Avenue
 Birmingham, AL 35203
 205-251-6666; 205-994-0616
 fax: 205-323-3240**

Confidential Client Information

Instructions to Client: Please complete every part of this form to the best of your ability and be 100% truthful in every response. Your detailed answers to these questions will be of great value in assisting us in evaluating and defending your case. Lack of information greatly hinders our ability to discover all available defenses to attack the Government's case against you. ALL DATA AND INFORMATION YOU SUBMIT ON THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL. We will not contact anyone you list on this form without your consent.

BASIC

Full Name: _____

Birth Date: __/__/____ Age: _____

Social Security Number (needed b/c many court records are keyed to this number)

Address: _____

How long have you lived at the above address? _____

Phone Numbers:

Work _____ Home: _____ Cell: _____

Email address: _____

Can you be contacted at work? Yes _____ No _____

Person to contact if you cannot be reached (include name, address, phone number)

How were you referred to (or how did you hear about) our firm?

If referred, by whom? _____
—

DRIVERS LICENSE INFORMATION

Driver's License Number _____ State Licensed in _____

Restrictions to License? Yes No

If so, what? _____

CDL? Yes No

If yes, what do you use it for? _____

DL date of issue ___ / ___ / ___ Expiration ___ / ___ / ___

EMPLOYMENT

Employer: _____

Job Title: _____ How long with current employer? _____

Annual Income: Under \$25,000 ___ \$25,000-\$50,000 ___ Over \$50,000 ___

Prior employment for last 5 years: _____

Do you work with any type of paints or solvents? YES NO

If yes, what type and for how long? _____

Vehicle required for your current job? YES NO

Would you be fired/demoted/restricted/or passed over for a promotion?

- a. if convicted of DUI? _____
- b. if your DL is suspended or revoked? _____

Do you drive a company owned car? YES NO

Do you lease your car? YES NO

Does your company pay your car insurance? YES NO

INFORMATION ON CAR DRIVING WHEN ARRESTED

Make: _____ Model: _____ Year: _____

Your car? YES NO Had you driven the car before? YES NO

Auto Stick

Who owns the car if you do not? _____

Any know defects to the car? YES

NO _____

PRIOR CRIMMINAL RECORD

(INCLUDE DATE OF ARREST, CHARGE, DISPOSITION of CHARGE AND SENTENCE RECEIVED)

List all prior felony charges: _____

List all prior misdemeanor charges:

List all traffic violations (Other than DUI) for the last five years:

List all prior convictions FOR DUI (include: date of conviction, location of conviction, sentence received (fine& jail days, etc) and whether or not you were represented by an attorney):

EFFECTS OF A POSSIBLE CONVICTION

What effect would a conviction have on you personally?

What effect would a conviction have on you professionally?

Describe your physical appearance when you were pulled over (state of your clothing; any stains on your clothes, hair, eyes, breath—chewing gum—smoking—chewing tobacco)

Did the cop make any comment about the interior of your car or your physical appearance? YES NO

If so, what did he say?

Did the cop ever give you a *Miranda* Warning? (you have the right to remain silent, etc.)?
YES NO If so, explain when:

Did you make any statements after you were informed of your *Miranda* Rights? YES
NO If yes, what?

Describe the interior of the car you were driving when pulled over (any open/unopened
containers of alcohol, coolers, beer caps, wine glasses, mouth wash, etc)

FIELD SOBRIETY TESTS

Did the cop command you to take an FST? YES NO

If so, describe each test in individually and in detail (what instructions he gave you,
where you were standing in relation to the police car, the condition of the surface you
performed them on, the shoes you were wearing, lighting conditions, where you were in
proximity to the road, how you felt you performed, etc)

Did the cop ask you preliminary questions about your physical limitations or impairments or present illnesses before beginning the test? YES NO

Describe the lighting of the area where you took the FST (were the cop car's blue lights on? What was the moon like? Did the cop shine his light in your face? Which way were you facing in relation to the police car? Etc.)

Were you asked and did you blow into a hand-held breath machine on the roadside? YES NO

If yes, if you could see the result, what was it? _____

What type of shoes were you wearing? _____

What type of surface did you perform these "tests" on? _____

Were there any other people in the car with you when you were pulled over? YES NO _____

If yes, who were they? (name, address, relationship, phone number-we wont contact anyone without your permission first):

What was their condition? (sober/drinking, impaired, etc) _____

Did the airbags deploy? YES NO

If yes, were you knocked out by them? YES NO

How else did the airbags affect you?

When did you first realize the cops were investigating you criminally instead of the accident? (why do you feel this way)

THE ARREST

Were you ever told you were “under arrest” or something similar? YES NO

If so, when and by whom?

Did the police officer search your vehicle? YES NO

If so, when, and by whom, and what if anything was found/seized?

AT THE JAIL

Were you requested to take a breath test? YES NO

If yes, when, by whom, what was the substance of the request made?

Did you (cough, burp, sneeze, vomit, drink, smoke, eat, etc) between the time you were placed under arrest and the time you took the breath test? YES NO

If yes, what and when in proximity to taking the test?

Were you told that you had the right to refuse the breath test? YES NO

Did the police officer read you an Implied Consent statement? YES NO

Did you request to make a phone call? YES NO

If yes, when did you request, and when were you allowed to make one?

Did you ever request that an additional Blood Alcohol test be performed? YES NO

If yes, when did you make this request, and what if anything did the cop(s) do?

MEDICAL/PHYSICAL CONDITON AT TIME OF ARREST

Weight at time of arrest: _____ Height _____

General health conditions: _____

Any physical disabilities/prior or recent surgery? (list all surgeries and injuries previously suffered) _____

Any prescribed medication taken daily or periodically? YES NO

If so,
what? _____

Any non-prescription medicine you take daily or periodically? YES NO

If so,
what? _____

Specific health problems (asthma, GERD, heart disease, seizure disorder, etc)?

Do you wear any dentures or dental work? YES NO If so,
what? _____

Do you wear glasses or contacts? YES NO If yes, were you wearing them when you
were pulled over? YES NO _____

Do you have an artificial eye? YES NO Do you have any other eye problems?

Do you have any piercings in your mouth? YES NO If so,
what? _____

Do you have a speech impairment? YES NO If so, please describe _____

How many hours had you worked the day you were arrested? _____

When had you last slept prior to your arrest, and for how long? _____

At the time of your arrest had you taken any of the following medications? If so, please elaborate.

- a. Prozac/Paxil/Zoloft/Luvox/Celexa/Cymbalta
- b. Adderall/Ritalin (amphetamines)
- c. Quinolone antibiotics
- d. Lariam
- e. Steroids
- f. Interferons
- g. Birth Control
- h. Other: _____

OTHER LAWYERS

Prior to consulting with our law firm, have you consulted with any other lawyer? YES
NO

If yes,
who? _____

Have you hired that lawyer/law firm? YES NO

Are you aware that you are free to follow any other attorney's advice and that you are not bound to hire me unless you choose to do so? YES NO

OTHER

Is there any other information that you feel I need to know about this incident that you have not previously mentioned? Is there any other information about you that you or your family feel will be either positive or negative in or our legal representation of you?

