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CONFIDENTIAL INFORMATION

Please complete every part of this form to the best of your ability, and be 100% truthful in every response. The sooner you complete this form, the better your memory will be about the incident and all the important facts surrounding your case. Your detailed answers to these questions will be the primary source of information that we use to evaluate your opportunities for successfully challenging the state's case against you. Not all questions will apply to you. There will be some information that you do not have, however, lack of information greatly impedes our ability to discover winning defenses or jury arguments. The questions we ask may seem repetitive, detailed, or unimportant to your case. They are not. We will regularly refer to your answers to assist us in all phases of your case. All personal data is kept confidential. Please take sufficient time to complete this questionnaire, and use extra sheets of paper to supplement your responses wherever necessary. However, don't delay in returning the questionnaire since time can be an important factor in your case.

Client Legal Name: _____ Preferred Name: _____

Local Address: _____

Confidential Email address (If you don't have one, get one): _____

Home Phone: _____ Work Phone: _____

S.S. # _____ Date of Birth: _____

Birthplace: _____

Do you possess a Commercial Drivers License? _____

Any restrictions on your license? If yes, state restrictions: _____

Was your license valid on your date of arrest? _____ Expiration date? _____

All states where you have ever had a drivers license: _____

Family status: _____

Names of Dependent Children and Ages: _____

Name and Address of Employer: _____

How long at this job? _____

Are you required to drive for your job? _____

Do you have any prior DUI-related arrests, whether or not resulting in convictions? If so, when and where? _____

Did it appear that the police or the judge were aware of any prior offense on your record?

How did you learn about our office? _____

INCIDENT:

Date, time and place of arrest: _____

Officer's name/Agency: _____

What kind of car were you driving: _____

Who is the owner? _____

Was it insured? _____

What did you do during 8 hours prior to your arrest? _____

Why were you stopped? _____

Who was in the car you were driving? _____

Were you involved in an accident? **Yes or No** If so, give details: _____

What is the first thing said to you by stopping officer? _____

Were Miranda warnings given to you, and if so, when? _____

Were any other vehicles involved? Did you talk with anyone at the scene of the stop? Any witnesses to sobriety tests? _____

Were there any passengers in your vehicle? If so, please provide name and contact information: _____

Other than the police, who did you talk to at the scene? _____

Did you make any statements? **Yes or No**

What did they say? _____

Was your vehicle searched? _____

Were you searched? _____

Was any property taken from you or your vehicle? _____

Were you given any field sobriety tests? _____

Touch your nose: **Yes or No**

Walk and Turn: **Yes or No**

Gaze Nystagmus: **Yes or No**

Pick up coins: **Yes or No**

Alphabet: **Yes or No**

One leg stand: **Yes or No**

Finger to Nose: **Yes or No**

Other: **Yes or No** _____

TEST RESULTS:

Blood: _____

Breath: _____

Urine: _____

Did you consider yourself to be under the influence? _____

Did the drinks you had affect your driving? _____

PHYSICAL CONDITION AT THE TIME OF ARREST:

Height: _____

Weight: _____

When did you start drinking, what did you drink, with whom and where?

Who paid for the drinks? Cash _____ Credit Card _____

What food did you have to eat in the eight hours before you were stopped?

Name, address and phone number of all persons with you during the time you were

drinking: _____

Will any of these persons testify that you were not under the influence? _____

Had you worked on the day you were stopped? **Yes or No** If so, how many hours did you work? _____

Had you been awake for an unusually long time at the time of your arrest? **Yes or No**

If so, please state the details: _____

MEDICAL INFORMATION:

Were you under the care of a physician at the time of your arrest? _____

Had you seen a dentist within the 24 hours before your arrest? _____

Did you have any disability, injury or chronic medical condition which might cause you to limp or which might affect your balance? **Yes or No**

Were you taking any medication on the day in question? **Yes or No**

Cold pills? **Yes or No** Antihistamines? **Yes or No** Tranquilizers? **Yes or No**

Weight Control Pills? **Yes or No** Aspirin? **Yes or No**

Do you have a speech impediment? **Yes or No**

Do you have any dental bridgework? **Yes or No**

On the day of your stop, were you suffering from any of the following conditions?

Caffeine? **Yes or No** Head Trauma? **Yes or No** Vertigo? **Yes or No**

Exposure to solvents, including paints, auto body putty, dry cleaning fluids? **Yes or No**

Did you take Zantac or any other medication containing Ranitidine or Cimetidine?

Was your stomach upset on the day in question? **Yes or No**

Did you have any stomach gas which might have caused you to belch? **Yes or No**

Do you wear glasses or a hearing aid? **Yes or No**

If yes, for what reason? _____

Was there anything unusual about your appearance at the time of your arrest which can be used to test the arresting officer's recollection? **Yes or No**

Were your clothes clean? **Yes or No**

What type of shoes were you wearing? _____

CONDITION OF YOUR CAR:

Year: _____ Make: _____ Model: _____

Steering Mechanism? **Yes or No** Brakes? **Yes or No**

Turn Signals? **Yes or No** Muffler? **Yes or No**

Any other defects? _____

WEATHER AND ROAD CONDITIONS:

Dry? **Yes or No** Overcast? **Yes or No**

Wet? **Yes or No** Rain? **Yes or No**

Dark? **Yes or No** Fog? **Yes or No**

Sunny? **Yes or No** Slippery? **Yes or No** Other? **Yes or No**

Road or shoulder conditions were tests were given: (circle your selections)

Level/Sloping Smooth/Rocky Wet/Dry Grassy/Dirt

Holes/Ruts Wide/Narrow Windy/Clammy Raining

Line to Walk/No Line to Walk Traffic: Heavy/Clear

Glasses: On/Off/N/A Crying/Nervous/Can't Recall

IMPLIED CONSENT:

Were you told that you were under arrest for DUI? **Yes or No**

Were you advised that you could take another test? **Yes or No**

Were you informed of the consequences of refusal to take the test? **Yes or No**

Were you told you had a right to contact counsel before taking the test? **Yes or No**

FAMILY:

Tell us about your family situation. Who do you live with? What dependents are you supporting? Are you dealing with any illness or other stressful situation within our family?

CITIZENSHIP/SECURITY STATUS:

Citizen: **Yes or No** Resident alien: **Yes or No** Green Card: **Yes or No**

Other: _____

Do you possess any governmental security clearance which might be affected by a conviction? _____

EVENTS ON THE DAY OF ARREST:

During the 24-hour period just prior to your arrest, describe your activities IN GREAT DETAIL from the time you woke up until arrest occurred (list them in chronological order). USE EXTRA SHEETS IF NECESSARY.

Did anyone observe or overhear any portion or aspect of the police “stop” or arrest? Please include names, addresses and phone numbers: _____

DRIVER’S LICENSE AND INTIAL QUESTIONING BY THE OFFICER:

Any restrictions on your license? **Yes or No**

What kind? _____

Did the officer comment on your breath “smelling like alcohol”, “had been drinking” or similar words? **Yes or No**

Were any containers of alcohol visible to the officer as he/she observed from outside your vehicle? **Yes or No**

If so, what type, and were they full and unopened, partially full (seal broken) or empties?

Yes or No

Did the officer confiscate these containers, for use as “evidence” against you in this case?

Yes or No

Had you “masked” the smell of your breath with food, coffee, gum, candy, breath spray, etc.? to cover the smell of alcohol? **Yes or No**

If so, how or what did you consume or use? _____

Was any other suspicious or illegal item or items (i.e., weapon, rolling papers, bong, marijuana pip or “roaches”) visible from outside your car when the police approached your vehicle? **Yes or No** If yes, give details: _____

DISTRACTIONS AND OTHER CONDITIONS OF ROADSIDE TESTS:

Roadway: _____

Emergency lights still flashing while tests being conducted? **Yes or No**

People gathered? **Yes or No** How many? _____

Videos? **Yes or No** Temperature: _____

Did the officer demonstrate any or all of the tests? **Yes or No**

Did the officer advise you what you had to do on each test to pass it? **Yes or No**

What compelled you or caused you to attempt to perform these voluntary field sobriety test?

Did the officer ever indicate to you that these agility tests were 100% voluntary or optional?

Yes or No

Did the officer ever make any statement or promise to you that if you passed these tests, he/she would let you go home? **Yes or No**

Did you ever blow into a hand-held alcohol tester at the scene of the stop? **Yes or No**

Did you ever advise any of the officers that you came in contact with, at the arrest scene, at the testing site or at jail, that you wanted an independent test of your blood or breath?

Yes or No If yes, when? _____

ARREST:

Were you ever told you were “under arrest” or similar wording to indicate that you were going to jail? **Yes or No** If so, when, and by whom, and were you told the charge or charges? **Yes or No**

If the officer told you one offense (e.g., “DUI”), did he/she also advise you about being charged with the other traffic offenses for which you were ticketed? **Yes or No**

What was the last thing you said (or did) before the officer told you that you were under arrest? _____

What was the officer’s exact wording to you about your being placed under arrest?

CAR TOWING OR REMOVAL FROM SCENE:

[Complete Applicable Parts of this Section.]

Was your car towed away? **Yes or No**

If so, by what tow service? _____

If not, what happened to it? _____

AT STATION/JAIL/TESTING FACILITY:

Did you see a clock when you arrived? **Yes or No** Time: _____

How many officers were at the station? _____

How many officers were involved with processing you? _____

Did you have a conversation with anyone? **Yes or No**

If yes, who? _____

Were you asked any health or environmental contamination questions, such as “are you taking medication”, “do you have false teeth or a bridge”, “have you been around any paint vapors or other chemical today”, etc., before you took the State’s test? **Yes or No**

If so, what were you asked, and what was your response to these questions?

Were you searched? **Yes or No** Fingerprinted? **Yes or No**

Videotaped? **Yes or No** Were you asked to sign any papers? **Yes or No**

Did the arresting officer (or any officer)ask you about prior DUI offenses or comment to you that your computer record showed prior DUI(s)? **Yes or No**

Did he/she or any other officer(s) in the testing room have their walkie-talkie or portable radios on their belt or shoulder when they were in the testing room? **Yes or No**

While in the room where the testing was being conducted, did you ever hear or observe an officer (any officer) use radio equipment in communicating with the dispatcher or with other officers? **Yes or No**

Were you permitted to make a phone call? **Yes or No**

If “yes”, when was this permitted?

To whom? _____

Were you allowed to smoke, drink water or put anything into your mouth within 15 minutes before the test was administered: **Yes or No**

If yes, give details: _____

BREATH TESTS:

[The next two sections should be completed by you ONLY if you were administered a breath test at a police precinct/jail or a mobile testing van by the police after your arrest. If you were not taken to a breath machine and asked to blow into the collection tube, skip these sections]

Was the testing officer the same officer who arrested you? **Yes or No**

Operator’s Name: _____

Was the Breath Test Operator present when you arrived at jail? **Yes or No**

Did the operator turn on the breath machine and wait over 20 minutes before asking you to “blow”? **Yes or No**

Did you ever hear the breath machine give any computer-generated “beeps” or “chirps” before or during your testing? **Yes or No**

If “yes”, what do you recall hearing, and when did you hear it?

When did the testing officer/operator begin “observing” you prior to the testing?

Yes or No

Was this observation continuous and uninterrupted? **Yes or No**

Were you ever out of the officer’s view? **Yes or No**

Where was the arresting officer during this time? _____

Did anyone ask to look inside your mouth before you were tested? **Yes or No**

At the breath testing location, did anyone ask you if you had been around paint vapors, volatile chemical or solvents during the day prior to when you were stopped? **Yes or No**

Did anyone ask you about false teeth, “bridge” work or dental plates? **Yes or No**

Did the officer tell you “keep blowing” while you were giving a sample? If so, did he/she repeat it? **Yes or No**

Are you a smoker? **Yes or No**

Did you smoke while being transported to the breath testing location, or upon arrival there? **Yes or No**

If a repeat “blow” was required on the official chemical sobriety test (not the hand-held test), was the mouthpiece changed each time? **Yes or No**

Did you go to the bathroom while at the station before the breath test? **Yes or No**

Take a drink of water? **Yes or No**

BLOOD TESTS:

[This section should only be completed if you were given a blood test by the police.]

Where were you taken to obtain the blood test? _____

Who took you for a blood test? _____

When did this occur, in relation to your time of arrest? _____

Had you already given a breath sample before being taken for a blood test? _____

Did you consent to having this blood sample taken of you? **Yes or No**

What were you told or asked by the police in order to obtain your consent for this sample to be taken from you?

Who drew your blood sample? _____