

NOTE: THIS IS 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 TRY TO EVALUATE YOUR OPPRTUNITIES FOR SUCCESSFULLY CHALLENGING THE STATE'S CASE AGAINST YOU. LACK OF INFORMATION GREATLY IMPEDES MY ABILITY TO DISCOVER WINNING DEFENSES OR JURY ARGUMENTS. ALL PERSONAL DATA WILL BE KEPT CONFIDENTIAL. TAKE SUFFICIENT TIME TO COMPLETE THIS QUESTIONNAIRE, AND USE EXTRA SHEETS OF PAPER TO SUPPLEMENT YOUR RESPONSES WHEREVER NECESSARY. HOWEVER, DO NOT DELAY IN RETURNING THE QUESTIONNAIRE SINCE "TIME" CAN BE AN IMPORTANT FACTOR IN YOUR CASE!

IMPORTANT CLIENT REFERENCE INFORMATION

CLIENTS NAME: _____

HOME PHONE: _____ **WORK PHONE** _____

CELL PHONE: _____ **OTHER PHONE:** _____

DATE OF ARREST: _____ **TIME OF ARREST:** _____

ALLEGED BAC%: FIRST TEST _____ **SECOND TEST** _____ **BLOOD** _____

WAS ANY TEST REFUSED? _____

ARE ANY RESULTS PENDING? _____

OWI OFFENSE (1ST, 2ND, 3RD, ETC) _____ **NUMBER IN LIFETIME** _____

NEXT COURT APPEARANCE DATE _____

TYPE OF HEARING _____

COURT AND COUNTY OF OFFENSE AND HEARING _____

EMAIL ADDRESS: _____

HOME ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE): _____

502 Railroad Avenue, P.O. Box 5263, Traverse City, MI 49696
Tel: 231-929-7744 | Fax: 231-929-7766 | www.theprovenfighter.com

CITATION ADDRESS (This is your address as shown on ticket, if different than Home address): _____

MAILING ADDRESS (To be used for main address in this case, if different than Home address): _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED OTHER

DEPENDENT CHILDREN: HOW MANY: _____ **AGES:** _____

HOW DID YOU HEAR ABOUT US?

YELLOW PAGES INTERNET RADIO PRINT REFERRAL

*******LICENSE*******

DRIVERS LICENSE NUMBER: _____ **Expiration:** _____

Date of Issue: _____ **Is License Valid?** _____

Please list any license restrictions: _____

Do you Possess a Commercial Driver's License (CDL)? _____

Endorsements? _____

*******EMPLOYMENT*******

EMPLOYER NAME AND ADDRESS: _____

PERIOD OF EMPLOYMENT: _____ JOB TITLE: _____

HOW LONG IN YOUR CURRENT POSITION: _____

DUTIES AND RESPONSIBILITY: _____

ANNUAL INCOME: UNDER \$25,000 \$25,000 TO \$50,000 OVER \$50,000

PRIOR EMPLOYMENT (FOR PAST 5 YEARS): _____

ANY PROBLEMS WITH PRESENT EMPLOYER? _____

VEHICLE REQUIRED FOR YOUR EMPLOYMENT? _____

WOULD YOU BE FIRED, RESTRICTED DUTIES, PASSED OVER FOR PROMOTION OR DEMOTED, IF.... (PLEASE EXPLAIN):

- A. CONVICTED OF OWI?
- B. YOUR LICENSE IS SUSPENDED?
- C. SUSPENDED, BUT YOU HAD A "WORK PERMIT?"

DO YOU DRIVE A COMPANY OWNED VEHICLE? _____

DOES YOUR COMPANY'S INSURANCE CARRIER INSURE YOU? _____

HOW MANY MILES DRIVEN TO/FROM/AT WORK ON A ROUTINE DAY? _____

HOW MANY TOTAL MILES DRIVEN WEEKLY (BUSINESS AND PERSONAL): _____

IS PUBLIC TRANSPORTATION READILY AVAILABLE TO YOU?: _____

WOULD YOU OR COULD YOU RELOCATE TO ANOTHER STATE IF NECESSARY TO PROTECT YOUR RIGHT TO DRIVE? _____

DO YOU HAVE "SECURITY CLEARANCE" ISSUES AT WORK? _____

*****HEALTH*****

WEIGHT AT TIME OF ARREST: _____ HEIGHT: _____

GENERAL HEALTH CONDITIONS: _____

ANY PHYSICAL DISABILITIES OR PRIOR SURGERY? _____

ANY PRESCRIBED MEDICATION TAKEN BY YOU DAILY OR PERIODICALLY? _____

NON PRESCRIPTION MEDICINES TAKEN BY YOU DAILY OR PERIODICALLY? _____

SPECIFIC HEALTH PROBLEMS OR CHRONIC ILLNESSES? _____

DO YOU WEAR DENTURES OR BRIDGEWORK? _____

DO YOU USE A DENTAL ADHESIVE? _____

*****EFFECTS OF A POSSIBLE CONVICTION*****

WHAT EFFECT WOULD A CONVICTION HAVE ON YOU PERSONALLY? _____

WOULD A CONVICTION AFFECT YOUR MARRIAGE OR RELATIONSHIPS? _____

MUST YOU "PROVE" INSURABILITY IN ORDER TO DRIVE A "COMPANY" CAR? __

DO YOU EVER NEED TO RENT A RENTAL CAR, FOR PERSONAL OR BUSINESS USE? _____

IF YOU WERE CONVICTED OF OWI AND/OR YOUR LICENSE WAS SUSPENDED, WOULD DENIAL OF ACCESS TO RENTAL VEHICLES AFFECT YOU OR YOUR BUSINESS? _____

HOW ELSE WOULD AN OWI CONVICTION OR LICENSE SUSPENSION AFFECT YOUR EMPLOYMENT OR PROFESSIONAL STANDING? _____

ARE YOU INVOLVED IN ANY "DOMESTIC" (DIVORCE, CHILD CUSTODY, ETC.) CASE OR JUDICIAL DISPUTE THAT AN OWI CONVICTION OR LICENSE SUSPENSION MIGHT AFFECT? _____

ARE YOU ON ANY BOARDS, SUCH AS A BOARD OF DIRECTIONS FOR A PUBLICLY TRADED STOCK, OR A NON PROFIT BOARD? _____

ARE YOU IN THE UNITED STATES ON ANY TYPE OF VISA OR TEMPORARY WORK PERMIT STATUS? _____

DO YOU EVER NEED TO TRAVEL OUTSIDE THE UNITED STATES, SUCH THAT ANY LIMITATION FROM AN OWI CONVICTION COULD AFFECT YOU? _____

*******EVENTS OF THE DAY OF YOUR ARREST*******

During the 24-hour period just prior to your arrest, describe your activities **IN GREAT DETAIL**. From the time you woke up until the arrest occurred. Remember to tell me who you were with, what you drank, at what time the drinks were consumed, what size drinks you had, etc. Please list the events in chronological order. Use additional sheets if necessary.

WITH WHOM DID YOU SPEAK DURING THE LAST 3 HOURS BEFORE YOUR ARREST?

NAME	ADDRESS/PHONE	RELATIONSHIP	EMPLOYER

WAS ANYONE WITH YOU WHEN YOU WERE ARRESTED? IF SO PLEASE LIST.

NAME	ADDRESS	HOME PHONE	OTHER PHONE

WHAT WAS THEIR CONDITION? _____

DID ANYONE ELSE OBSERVE OR OVERHEAR ANY PORTION OR ASPECT OF THE POLICE STOP?

NAME	ADDRESS	PHONE	OTHER

DID THE POLICE ALLOW SOMEONE WITH YOU TO DRIVE THE VEHICLE AWAY FROM THE SCENE OR TO MOVE THE VEHICLE? _____
IF SO, WHO? _____

GIVE DETAILS OF WHAT SCREENING FOR IMPAIRMENT OR ABILITY TO DRIVE THE OFFICER REQUIRED FROM THIS PERSON PRIOR TO ALLOWING THIS PERSON TO DRIVE AWAY. _____

TRAFFIC CONDITIONS YOU ENCOUNTERED ON ROADWAYS PRIOR TO BEING ARRESTED: _____

STOP LIGHTS/CAUTION LIGHTS: How many _____ Where they working? _____

WEATHER CONDITIONS (please be specific): _____

CITY/MUNICIPALITY/COUNTY YOU WERE STOPPED IN: _____
STREET/LOCATION WHERE POLICE STOP OCCURRED AT : _____
NEAREST CORSSING STREET OR HIGHWAY EXIT: _____

*******ROADBLOCKS*******

WAS ARREST AT ROADBLOCK OR LICENCE CHECK? _____
IF YES, HOW FAR AHEAD DID YOU SEE IT? _____

HOW LONG DID YOU WAIT IN LINE BEFORE GETTING TO AN OFFICER? _____

WERE YOU GIVEN ANY ADVANCE NOTICE OF THE ROADBLOCK? _____

HOW MANY POLICE CARDS DID YOU SEE? _____

DID ANY HAVE THEIR BLUE LIGHTS ON? _____

IF SO, HOW MANY HAD THEIR LIGHTS ON? _____

DID MORE THAN ONE OFFICER GIVE YOU A FIELD TEST OR INTERROGATE YOU? _____

HOW MANY POLICE OFFICERS DID YOU SEE AT THE ROADBLOCK LOCATION? _____

*****DRIVER'S LICENSE AND INITIAL QUESTING BY THE OFFICER*****

ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? _____

WERE YOU COMPLYING WITH THOSE RESTRICTIONS WHEN STOPPED? _____

WHERE WAS YOUR LICENSE WHEN YOU FIRST BEGAN LOOKING FOR IT? _____

IF YOU DID NOT HAVE YOUR "PLASTIC" LICENSE IN YOUR POSSESSION AT THE TIME OF THE "STOP" PLEASE GIVE DETAILS ABOUT WHERE THE LICENSE WAS, AND WHY IT WAS NOT IN YOUR POSSESSION? _____

WHAT WERE THE OFFICER'S FIRST WORDS TO YOU WHEN HE/SHE ENCOUNTERED YOU (BE EXACT) ? _____

WHAT DID YOU SAY IN RESPONSE? _____

DID THE OFFICER COMMENT ON YOUR BREATH "SMELLING LIKE ALCOHOL" OR SIMILAR WORDS? _____

DID YOU "MASK" THE SMELL OF YOUR BREATH WITH FOOD, COFFEE, GUM, CANDY,

BREATH SPRAY, ETC. TO COVER THE SMELL OF ALCOHOL? _____

IF YES, WHAT DID YOU CONSUME OR USE? _____

HOW MUCH AND WHEN? _____

WERE ANY CONTAINERS OF ALCOHOL VISIBLE TO THE OFFICER AS HE/SHE OBSERVED FROM OUTSIDE YOUR VEHICLE? _____

IF SO, WHAT TYPE, AND WERE THEY FULL AND UNOPENED, PARTIALLY FULL (SEAL BROKER) OR EMPTIES? _____

DID THE OFFICER CONFISCATE THESE CONTAINERS, FOR USE AS "EVIDENCE" AGAINST YOU IN THIS CASE? _____

WERE THERE ANY OTHER SUSPICIOUS OR ILLEGAL ITEMS VISIBLE FROM OUTSIDE YOUR CAR WHEN THE POLICE APPROACHED YOUR VEHICLE? _____

*****INSURANCE AND REGISTRATION*****

ARRESTING OFFICER'S NAME: _____ BADGE NUMBER: _____

DID OFFICER ASK FOR PROOF OF INSURANCE: _____

DID YOU PRODUCE PROOF OF INSURANCE BEFORE OFFICER ASKED FOR IT? _____

IN WHAT STATE WAS THE INSURANCE ISSUED? _____ WAS IT YOUR INSURANCE?

COMPANY NAME: _____

POLICE NUMBER: _____

NOTE: If charged with "no insurance" or "no proof of insurance" bring a copy of proof of insurance with you to first interview.

DID THE OFFICER ASK FOR REGISTRATION PAPERS? _____

WHAT IS THE STATE OF REGISTRATION? _____

*****FIELD SOBRIETY TESTS OR ROADSIDE SOBRIETY TESTS*****

DID THE OFFICER DIRECT YOU (OR REQUEST YOU) TO PERFORM ANY

COORDINATION OR ROADSIDE SOBRIETY TEST? _____
EXACTLY WHEN WERE YOU FIRST REQUESTED (TOLD) TO PERFORM THESE TESTS? (How long, in minutes/seconds, after exiting your vehicle) _____

WHAT WAS THE EXACT WORDING USED BY THE OFFICER IN MAKING THIS "REQUEST OR DEMAND"? _____

DID THE OFFICER ASK YOU ANY PRELIMINARY QUESTIONS ABOUT YOUR PHYSICAL LIMITATIONS OR IMPAIRMENTS OR PRESENT ILLNESS/MEDICATIONS BEFORE BEGINNING TO "TEST" YOU? _____

BEFORE YOU BEGAN DOING ANY OF THE FIELD SOBRIETY TESTS (INCLUDING THE HAND HELD BREATH TESTER), WERE YOU UNDER THE IMPRESSION THAT YOU WERE "IN CUSTODY" OR "NOT FREE TO LEAVE"? _____

WAS THERE ANYTHING ABOUT THIS TRAFFIC STOP THAT LED YOU TO BELIEVE THAT THIS WAS NOT GOING TO BE A "BRIEF" ENCOUNTER WITH THE POLICE, BUT THAT YOU WERE GOING TO BE DETAINED FOR A MORE PROLONGED PERIOD OF TIME? _____

WHAT QUESTIONS DID YOU ASK, AND HOW DID THE OFFICER RESPOND? _____

WERE YOU WEARING SHOES DURING THE FIELD SOBRIETY TEST? Please describe them

in detail _____

DESCRIBE THE LIGHTING IN THE AREA. _____

WHERE WERE THE LIGHTS (INCLUDING AUTOMOBILE HEADLIGHTS) IN RELATION TO TESTS? Please describe in detail. _____

BEFORE DOING ANY OR ALL OF THESE FIELD TESTS, DID YOU REQUEST TO CALL AN ATTORNEY ? _____

WHAT WERE THE AGILITY OR COORDINATION TESTS THAT YOU PERFORMED? IN WHAT ORDER WERE THEY GIVEN? AND HOW DID YOU DO?
(NOTE: THIS QUESTION IS NOT DIRECTED TO ANY HAND HELD BREAT TESTING DEVICE USED, WHICH HAS ITS OWN SECTION BELOW)

DESCRIBE TEST TYPE	OFFICE SAID	I THOUGHT

IF YOU WERE ASKED TO RECITE THE ALPHABET (OR PART OF THE ALPHABET) WHEN WAS THE LAST TIME YOU SAID YOUR ABC'S BEFORE THE NIGHT/DAY OF ARREST? _____

DID THE OFFICER SAY THE ABC'S THROUGH THE LETTER Z BEFORE ASKING YOU TO DO IT? _____

ON ANY OTHER "VERBAL" TESTS THAT YOU WERE ASKED TO PERFORM (SUCH AS COUNTING BACKWARD) HAD YOU EVER ATTEMPTED TO DO THAT BEFORE

BEING ASKED TO PERFORM ON THE DAY/NIGHT OF YOUR ARREST? _____
IF YES, WHEN? _____

DID THE OFFICER DEMONSTRATE ANY OR ALL OF THE TESTS BEFORE YOU DID THEM? _____

DID THE OFFICER ADVISE YOU WHAT YOU HAD TO DO ON EACH TEST TO PASS IT? _____

WHAT COMPELLED YOU OR CAUSED YOU TO ATTEMPT TO PERFORM THESE VOLUNTARY FIELD SOBRIETY TESTS? _____

DID THE OFFICER EVER INDICATE TO YOU THAT THESE AGILITY TESTS WERE 100% VOLUNTARY OR OPTIONAL? _____

DID THE OFFICER EVER MAKE ANY STATEMENT OR PROMISE TO YOU, THAT IF YOU PASSED THESE TESTS, HE/SHE WOULD LET YOU GO HOME? _____

DID THE OFFICER EVER INDICATE, IN ANY MANNER OR FASHION, THAT BY NOT TAKING FIELD SOBRIETY TESTS, THAT YOU WOULD EITHER LOSE YOUR LICENSE, OR BE SUBJECTED TO IMMEDIATE ARREST OR WOULD BE CONICTED OF OWI FOR REFUSING? _____

DID YOU BLOW INTO A HAND HELD ALCOHOL TESTER AT THE SCENE OF THE STOP? _____

IF SO, WHERE YOU PERMITTED TO SEE THE DIGITAL READING THAT THE TESTER INDICATED? _____

IF SO, WHAT WAS THE READING: _____

IF NOT PERMITTED TO SEE IT, DID THE OFFICER TELL YOU THE RESULT? _____

WHAT DID HE/SHE SAY ABOUT THE RESULT: _____

WERE YOU ASKED OR REQUIRED TO "BLOW" MORE THAN ONE TEST ON THE HAND-HELD BREATH MACHINE? _____

DID THE OFFICER EVER MAKE ANY STATEMENT OR PROMISE TO YOU, THAT IF YOU PASSED THE HAND-HELD BREATH TEST, HE/SHE WOULD LET YOU GO HOME? _____

DID THE OFFICER EVER ADVISE YOU THAT THE HAND-HELD TEST IS VOLUNTARY, AND THAT YOU HAD A RIGHT TO REFUSE TO TAKE THAT HAND HELD TEST WITHOUT ANY PENALTY OR LOSS OF LICENSE BEFALLING YOU? _____

DID THE OFFICER EVER INDICATE, IN ANY MANNER OR FASHION, THAT BY NOT BLOWING INTO THE HAND HELD ALCOHOL TESTER YOU WOULD EITHER LOSE YOUR LICENSE OR BE SUBJECT TO IMMEDIATE ARREST? _____

AT WHAT POINT WAS THE HALD HELD TEST GIVEN TO YOU? _____

AT WHAT POINT WERE THE OTHER ROADSIDE SOBRIETY/PHYSICAL AGILITY TESTS DESCRIBED ABOVE GIVEN TO YOU? _____

WAS THERE ANY PHYSICAL OR VOCAL RESISTANCE BY YOU OR INTERFERENCE WITH THE OFFICER'S ARREST PRODCEDURES BY OTHERS WHILE YOU WERE BEING DETAINED OR WHEN YOU WERE ARRESTED? _____

DID YOU EVER ADVISE ANY OF THE OFFICERS THAT YOU CAME IN CONTACT WITH, AT THE ARREST SCENCE, AT THE TESTING SITE OR AT JAIL THAT YOU WANTED AN INDEPENDENT TEST OF YOUR BLOOD, BREATH OR URINE? _____

*****ROADSIDE CONDITIONS*****

ROAD OR SHOULDER CONDITIONS WHERE TESTS WERE GIVEN (CIRCLE):

LEVEL/SLOPING SMOOTH/ROCKY WET/DRY GRASSY/DIRT
HOLES/RUTS WIDE/NARROW

WEATHER CONDITIONS WHEN TESTS WERE GIVEN (CIRCLE):

WINDY/CALM RAINING/SNOWING CLEAR/CLOUDY
DAY/NIGHT HUMID/NOT HUMID APPROX TEMP _____

PERSONAL CONDITION WHEN TESTS WERE GIVEN (CIRCLE):

HOT/COLD GLASSES ON/OFF CONTACTS IN/OUT
CRYING/NERVOUS/SHAKING/CAN'T RECALL

OTHER CONDITION WHEN TESTS WERE GIVEN (CIRCLE):

LINE TO WALK/NO LINE TO WALK TRAFFIC: HEAVY/LIGHT
BRIGHT LIGHTS IN EYES: Y/N FLASHING LIGHTS: Y/N
PEOPLE GATHERED: _____ HOW MANY? _____
OTHER DISTRATCTIONS: _____

*****ARREST*****

WERE YOU EVER TOLD YOU WERE "UNDER ARREST" OR SIMILAR WORDING TO
INDICATE THAT YOU WERE GOING TO JAIL? _____
WHEN, HOW AND BY WHOM? _____

WERE YOU TOLD EXACTLY WHAT YOU WERE BEING ARRESTED FOR? _____

IF THE OFFICER TOLD YOU ONE OFFENSE (E.G. OWI) DID HE/SHE ALSO ADVISE YOU ABOUT BEING CHARGED WITH THE OTHER TRAFFIC OFFENSES FOR WHICH YOU WERE TICKETED? _____

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? _____

*****IMPLIED CONSENT RIGHTS*****

ASSUMING THAT YOU WERE READ (OR GIVEN) YOU'RE IMPLIED CONSENT RIGHTS PRIOR TO THE CHEMICAL TEST, DID THE OFFICER READ THEM TO YOU VERBATIM (LOOK AT THE BACK OF YOUR PAPER LICENSE FOR THE ACTUAL RIGHTS THAT SHOULD HAVE BEEN READ)? _____

WHEN YOU HEARD THESE WORDS, DID YOU UNDERSTAND THESE WARNINGS AND THE PENALTIES AND CONSEQUENCES STATED BY THE OFFICER? _____

WHAT WAS YOUR INTERPRETATION OF THE WORDS THE OFFICER READ TO YOU? _____

AT THE TIME THESE WARNINGS WERE READ TO YOU, OR OTHERWISE TOLD TO

YOU, HAD THE OFFICER TOLD YOU OR OTHERWISE LET YOU KNOW BY HIS/HER CONDUCT THAT YOU WERE UNDER ARREST FOR OWI? _____

IF YOU TOOK THE OFFICER'S TEST(S), ANSWER THE FOLLOWING:

DID THE OFFICER "SPEED READ" OR HURRY THE READING OF THESE WARNINGS? _____

IF YOU BELIEVED THEN OR IF YOU BELIEVE NOW, THAT THE READING OF THESE ADVISEMENTS WAS DEFICIENT OR MISLEADING IN ANY WAY, PLEASE GIVE DETAILS? _____

OTHER THAN THE WORDING GIVEN TO YOU FROM THE APPLICABLE "WARNING" DID THE OFFICER SAY ANYTHING ELSE OR ELBAORATE OR EXPLAIN YOUR OBLIGATION TO SUBMIT TO THE OFFICAL CHEMICAL SOBRIETY TEST OF THE PENALTIES WHICH WOULD BEFALL YOU IF YOU REFUSED TO SUBMIT TO IT? _____

WHAT WERE YOU DOING (OR WHAT WAS "GOING ON" AROUND YOU) AT THE TIME THAT THE OFFICER WAS GIVING YOU THESE IMPLIED CONSENT WARNINGS? _____

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, BREATH OR URINE? _____

*******MIRANDA WARNINGS*******

NOTE: DO NOT CONFUSE THIS "WARNING" WITH THE IMPLIED CONSENT RIGHTS TO THE PREVIOUS SECTIONS.

WERE YOU GIVEN YOUR MIRANDA WARNINGS AT ANY TIME? ["You have the right to remain silent. You have the right to an attorney. If you want an attorney, and cannot afford one, the court will appoint one for you." Etc.]? ____

IF SO, BY WHOM WERE THESE READ, WHERE WERE THEY READ TO YOU AND MOST IMPORTANTLY WHEN? _____

*******CONVERSATION AFTER ARREST*******

WHAT DID THE OFFICER SAY OR ASK FIRST AFTER YOU WERE ARRESTED? _____

PRECISELY WHAT WAS SAID OR ASKED NEXT AND BY WHOM? _____

WERE YOU STRUCK, PUSHED, INJURED, VERBALLY ABUSED OR "ROUGHED UP" BY THE OFFICER WHEN YOU WERE ARRESTED? _____

*******OTHER PEOPLE PRESENT*******

WERE OTHER PEOPLE PRESENT DURING THE ARREST PROCESS OR DURING THE TIME THE FIELD SOBRIETY TESTS WERE BEING GIVEN TO YOU? _____

IF YES, PLEASE LIST:

NAME	ADDRESS	PHONE	OTHER

If names are not known, describe each of them to the best of your ability and describe where and when you encountered this person(s):

*****CAR TOWING OR REMOVAL FROM SCENE*****

MAKE OF CAR: _____ YEAR: _____ MODEL: _____

WHAT HAPPENED TO YOUR CAR? _____

WAS IT TOWED AWAY? _____ BY WHAT TOW SERVICE: _____

WERE YOU PRESENT WHEN IT WAS TAKEN (TOWED) FROM SCENE? _____

WHAT WERE YOU DOING (OR WHERE WERE YOU) WHEN THE TOW TRUCK ARRIVES? _____

DID THE TOW TRUCK OPERATOR OBSERVE ANY OF YOUR "SOBRIETY" TESTING? _____

DID YOU SPEAK TO THE TOW OPERATOR? _____

DID YOU GET A COPY OF THE TOW OPERATOR'S REPORT? _____

DID YOU HAVE TO SIGN A PERMISSION FORM? _____

WAS YOUR CAR SEARCHED? _____

WERE YOU PRESENT? _____

WAS ANYTHING REMOVED (MISSING) FROM YOUR CAR OR WAS IT "RANSACKED"? _____

IF YOU HAD A CAR PHONE AVAILABLE, DID THE OFFICER EVER OFFER TO LET YOU CALL SOMEONE TO COME GET YOUR CAR OR OFFER AN ALTERNATE TOW COMPANY? _____

IF "YES" HOW LONG AFTER YOU WERE ARRESTED DID THE TOW TRUCK

ARRIVE? _____

DID YOU EVER HEAR OR NOTICE THE OFFICER REQUESTING A "TRANSPORT" OR "TOW" VEHICLE ON HIS/HER TWO-WAY RADIO? _____

DID THE ARRESTING OFFICER STAY AT THE SCENE UNTIL THE VEHICLE WAS TOWED AWAY? _____

*****AT STATION/JAIL/TESTING FACILITY*****

DID YOU SEE A CLOCK WHEN YOU ARRIVED? _____
WHAT TIME WAS IT? _____ HOW MANY OFFICERS? _____
CONVERSATION WITH ANYONE? _____
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 CHEMICALS TODAY?", BEFORE YOU TOOK THE STATE'S TEST? _____

IF SO, WHAT WERE YOU ASKED, AND WHAT WAS YOUR REPOSE? _____

WERE YOU SEARCHED? _____
FINGERPRINTED? _____ VIDEOTAPED? _____
WAS A MUGSHOT MADE OF YOU? _____
DID YOU SIGN ANY PAPERS? _____
IF SO, WHAT? _____

DID THE ARRESTING OR TESTING OFFICER MAKE ANY STATEMENTS ABOUT YOU OR ABOUT THE CIRCUMSTANCES OF YOUR ARREST OR ABOUT YOUR ALCOHOL READING OR ANYTHING ELSE OF SIGNIFICANCE TO OTHER OFFICERS?

DID THE ARRESTING OFFICER (OR ANY OFFICER) ASK YOU ABOUT PRIOR OWI OFFENSES OR COMMENT TO YOU THAT YOUR COMPUTER RECORD SHOWED PRIOR OWI(S)? _____

WITHOUT BEING ASKED ABOUT THIS, DID YOU SAY ANYTHING TO THE OFFICER ABOUT PRIOR OWI'S THAT YOU HAD? If "yes" give details. _____

WAS THE ARRESTING OFFICER PHYSICALLY PRESENT IN THE ROOM WHERE YOU WERE GIVEN THE TEST, AND DID HE/SHE KEEP YOU IN VIEW THE ENTIRE TIME WHILE YOU WERE AT THE TESTING FACILITY? _____

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? _____

WHILE IN THE ROOM WHERE THE TESTING WAS BEING CONDUCTED, DID YOU EVER HEAR OR OBSERVE AN OFFICER USE RADIO EQUIPMENT IN COMMUNICATING WITH THE DISPATCHER OR WITH OTHER OFFICERS? _____

WAS ANYONE SMOKING IN THE TESTING ROOM PRIOR TO OR DURING THE TIME YOU WERE BEING TESTED? _____

DID ANY OTHER OFFICERS MAKE COMMENTS TO THE ARRESTING OFFICER OR TESTING OFFICER OR TO YOU? IF YES, WHAT DID THEY SAY? _____

WERE YOU PERMITTED TO GO TO THE RESTROOM? _____
IF YES, WHEN? _____

WERE YOU PERMITTED TO MAKE A TELEPHONE CALL? IF YES, WHEN AND TO WHOM? _____

WERE YOU ALLOWED TO SMOKE, DRINK WATER OR PUT ANYTHING INTO YOUR MOUTH WITHIN 20 MINUTES BEFORE THE TEST WAS ADMINISTERED? IF YES, PLEASE 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.

TESTING OFFICER'S/OPERATOR'S NAME: _____

OFFICER'S/OPERATOR'S POLICE AGENCY: _____

OFFICER/OPERATOR PRESENT WHEN YOU ARRIVED: _____

*******CONVERSATION WITH BREATH TESTING OPERATOR*******

DID THE BREATH TESTING OPERATOR ASK YOU ANY QUESTIONS? IF SO, WHAT?

DID THE BREATH TEST OPERATOR GIVE YOU ANY INSTRUCTIONS OR EXPLAIN HOW THE MACHINE WORKED OR HOW YOU WERE TO "BLOW" INTO THE MACHINE? _____ DETAILS _____

DID THE BREATH TESTING OFFICER/OPEARTOR EVER SHOW YOU HIS/HER PERMIT TO OPERATE THE MACHINE? _____

WAS THE ARRESTING OFFICER PRESENT AND ABSERVING ALL PROCEDURES AT ALL TIMES DURING THE TESTING PROCEDURES? _____

WHEN YOU GAVE THE BREATH SAMPLE, WAS YOUR BODY IN AN UPRIGHT POSITION (PERPENDICULAR TO THE FLOOR) OR WERE YOU LEANING FORWARD TO REACH THE MOUTHPICE FROM A SITTING OR STANDING POSITION? DESCRIBE IN DETAIL: _____

DID YOU GET TO SEE THE NUMERICAL READING SHOWN ON THE MACHINE? EXAMPLE? _____

*******BLOOD OR URINE TESTS*******
ONLY COMPLETE THIS SECTION IF THE POLICE GAVE YOU A BLOOD OR URINE TEST.

WHERE WERE YOU TAKEN TO OBTAIN THE BLOOD/URINE TEST? _____

WHO TOOK YOU FOR A BLOOD/URINE 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/URINE TEST? _____

DID YOU CONSENT TO HAVING THIS BLOOD/URINE SAMPLE TAKEN FROM YOU? _____

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 (TOOK) YOUR BLOOD (URINE) SAMPLE? _____

WERE YOU REQUIRED TO SIGN ANY FORMS BEFORE THE NURSE/DOCTOR/TECHNICIAN WOULD TAKE YOUR BLOOD/URINE? IF SO, WHAT DID YOU SIGN? _____

DID THE PERSON WHO TOOK YOUR BLOOD SAMPLE USE ANY TYPE OF CLOTH OR SWAB TO CLEANSE THE SURFACE OF YOUR SKIN BEFORE TAKING THE SAMPLE? _____

IF SO, PLEASE DESCRIBE WHAT WAS DONE TO PREPARE THE SKIN: _____

AS THE NEEDLE WAS REMOVED FROM YOUR ARM, DID THE PERSON WHO TOOK THE SAMPLE HOLD A SWAB OR CLOTH OVER THE PUNCTURE SITE? _____

WHAT HAPPENED TO THE BLOOD/URINE SAMPLE AFTER IT WAS COLLECTED FROM YOU? (PLEASE BE AS SPECIFIC AS POSSIBLE) _____

WERE YOU TOLD (OR WERE YOU UNDER THE IMPRESSION) THAT IF THE POLICE TOOK A BLOOD OR URINE, TEST THAT YOU COULD NOT REQUEST YOUR OWN INDEPENDENT TEST OF YOUR BLOOD, URINE, OR BREATH BY A DIFFERENT MEDICAL OR LABORATORY PROVIDER? _____

*****RIGHT TO COUNSEL*****

WERE YOU EVER ADVISED BY ANYONE THAT YOU HAD THE RIGHT TO CONSULT WITH AN ATTORNEY? _____

BY WHOM? _____ WHEN? _____

DID YOU EVER ASK TO CALL AN ATTORNEY? _____

DID YOU KNOW A NUMBER? _____

DID YOU HAVE THE OPPORTUNITY TO MAKE THE PHONE CALL? _____

IF SO, WHEN? _____

IF YOU WERE DENIED THE RIGHT TO CALL AN ATTORNEY BEFORE DECIDING WHETHER TO TAKE THE STATE'S TEST, DID THE OFFICER (OR ANYONE AT THE STATION) EXPLAIN WHY YOU WERE BEING DENIED ACCESS TO LEGAL COUNSEL? _____

WERE YOU GIVEN A PHONE BOOK? _____

DID YOU ASK FOR A PHONE BOOK? _____

WERE YOU PHYSICALLY ABLE TO READ THAT NIGHT (i.e. coherent and not impeded or restrained)? _____

WHO TOLD YOU THAT YOU COULD CALL AN ATTORNEY? _____

WHEN? _____

WHEN WERE YOU TOLD YOU COULD MAKE A PHONE CALL TO ANYONE ELSE, IF YOU DESIRED? _____

DID THE POLICE COOPERATE WITH YOU IN PROVIDING PHONE ACCESS? _____

IF NOT, OR IF YOU WERE DELAYED IN BEING PROVIDED PHONE ACCESS, OR IF THE POLICE LIMITED YOUR CALLS, GIVE DETAILS: _____

COULD YOU TALK PRIVATELY? _____

WERE THE POLICE LISTENING IN ON YOUR CONVERSATION? _____

*****FORMS SIGNED*****

DID YOU EVER SIGN YOUR NAME? _____

WHAT DOCUMENTS DID YOU SIGN AND WHY? _____

DID YOU EVER REFUSE TO SIGN YOUR NAME ON ANY DOCUMENT? WHAT? WHY? _____

DID YOU EVER SIGN (OR WERE YOU ASKED TO SIGN) AN 8 ½" X 11" FORM (30 DAY TEMPORARY DRIVING PERMIT AND OFFICE NOTICE OF INTENT TO SUSPEND LICENSE) RELATING TO SUSPENSION OF YOUR LICENSE OR RIGHT TO DRIVE FOR EITHER REFUSING TO TAKE THE STATE'S TEST OR FOR TAKING THE TEST AND HAVING A RESULT OF ABOVE THE LEGAL LIMIT? _____
IF YES, PLEASE PROVIDE A COPY OF THIS FORM, IF APPLICABLE.

*******VIDEO OR AUDIO TAPING*******

DO YOU KNOW IF A VIDEO OR AUDIOTAPE WAS MADE AT THE ARREST SCENE OR AT THE TESTING SITE? _____

ANY CLUE(S) (i.e. officer mention it) THAT A TAPE MAY HAVE BEEN BEING MADE? _____ EXPLAIN _____

DID YOU KNOW THAT A TAPE WAS BEING MADE WHEN IT WAS BEING MADE?

*******RELEASE FROM JAIL*******

WHAT WAS DATE OF RELEASE? _____ **TIME** _____

WHO? _____ **ADDRESS:** _____

HOW DID PERSON KNOW TO COME TO ASSIST YOU? _____

ANY CONVERSATION WITH HIM/HER? _____

WHAT DID YOU TALK ABOUT? _____

WAS THERE ANY DISCUSSION ABOUT GETTING AN INDEPENDENT TEST? IF SO, GIVE DETAIL: _____

DID YOU SIGN ANY FORMS FOR THE BOND? IF SO, PROVIDE COPIES: _____

*****ACCIDENT*****

NOTE: COMPLETE THIS SECTION ONLY IF AN ACCIDENT OF SOME TYPE OCCURRED IN CONNECTION WITH YOUR OWI ARREST.

WERE YOU INVOLVED IN AN ACCIDENT? _____

ONE CAR/MORE THAN ONE CAR? _____

DESCRIBE ACCIDENT: _____

WERE YOU INSIDE YOUR VEHICLE WHEN THE OFFICER FIRST ARRIVED ON THE SCENE? IF "NO" GIVE DETAILS OF WHERE YOU WERE IN RELATIONSHIP TO THE VEHICLES: _____

WERE OTHER PERSONS FROM YOUR VEHICLE THERE, TOO? _____

AFTER THE ACCIDENT, DID YOU EVER LEAVE THE IMMEDIATE AREA (FOR ANY PURPOSE, SUCH AS TO CALL A TOW TRUCK, CALL POLICE, ETC.)? IF SO, GIVE DETAILS OF HOW LONG YOU WERE GONE, WHERE YOU WENT, WHY YOU LEFT, ETC.: _____

WERE THERE ANY INJURIES OR DEATH TO ANY OTHER PERSON(S)? IF SO, GIVE FULL DETAILS ON SEPARATE SHEET. _____

DID AN AIRBAG DEPLOY INSIDE YOUR VEHICLE? IF YES, GIVE DETAILS OF HOW IT AFFECTED YOU: _____

DID THE ARRESTING OFFICER MAKE IT CLEAR TO YOU AT WHAT POINT OF THE INVESTIGATION THAT HE/SHE WAS TERMINATING THE ACCIDENT

INVESTIGATION AND BEGINNING THE CRIMINAL INVESTIGATION FOR SUSPECTED DRUNK DRIVING AGAINST YOU? _____

GIVE DETAILS ABOUT WHAT QUESTIONS THE POLICE ASKED, BY WHOM, AND AT WHAT LOCATION THEY ASKED THE QUESTIONS: _____

DID THE OFFICER EVER ASK YOU ABOUT WHAT YOU HAD HAD TO DRINK AND WHEN IT HAD BEEN CONSUMED? _____

WERE YOU GIVEN ANY MIRANDA ADVISEMENT'S BEFORE THE OFFICER(S) BEGAN TO QUESTION YOU? _____

PRIOR TO THIS CASE, HAD YOU EVER BEEN THE DRIVER OF A VEHICLE IN WHICH ANOTHER PERSON WAS INJURED OR KILLED? IF SO, GIVE DETAILS? _____

*******DRIVING AND CRIMINAL RECORD*******

**HAVE YOU HAD A PRIOR OWI IN YOUR LIFETIME-ANYWHERE?
INCLUDING NOLO CONTENDERE PLEAS**

DATE	CITY,COUNTY	CASE NO.	FULL NAME OF COURT

HAVE YOU ANY OTHER SERIOUS DRIVING OFFENSES, DRUG-RELATED OFFENSES, OR ALCOHOL-RELATED ANYWHERE?

DATE	CITY, COUNTY	CASE NO	FULL NAME OF COURT

EVER INVOLVED IN AN ACCIDENT INVOLVING DEATH OR SERIOUS INJURY REGARDLESS OF WHETHER OWI INVOLVED? IF SO, FULLY STATE THE CIRCUMSTANCES? _____

ARRESTING OFFICER IN PRIOR CASE? _____ AGENCY: _____
 REPRESENTED BY AN ATTORNEY? _____
 ATTORNEY'S NAME AND NUMBER _____
 PLEA/TRIAL/RESULT: _____

ARE YOU PRESENTLY ON PROBATION FOR A PRIOR OWI? OR FOR ANY OTHER OFFENSE? EXPLAIN. _____

WAS YOUR LICENSE UNDER SUSPENSION IN ANY JURISDICTION WHEN ARRESTED IN THIS CASE. IF YES, GIVE DETAILS. _____

WERE YOU DRIVING ON A "WORK PERMIT" OR OTHER RESTRICTED LICENSE WHEN THIS INCIDENT OCCURRED? _____

PRIOR DRIVING SUSPENSION(S)? _____

ALL PRIOR SERIOUS TRAFFIC VIOLATIONS
 (i.e. racing, attempting to elude an officer, hit and run, leaving the scene, etc.)

DATE	CITY, COUNTY, STATE	OFFENSE

PRIOR MINOR TRAFFIC VIOLATIONS

DATE	CITY, STATE	COUNTY,	OFFENSE

**ANY PRIOR CRIMINAL RECORD OF ANY TYPE (NOT ALREADY MENTIONED)
EXPECIALLY ALCOHOL OR DRUG RELATED CHARGES (i.e. minor in possession,
open container violation, possession of marijuana, etc.)**

DATE	CITY,COUNTY,STATE	OFFENSE

*******OTHER ATTORNEYS*******

**PRIOR TO COMING TO ME FOR LEGAL ASSISTANCE, DID YOU CONSULT WITH
ANY OTHER ATTORNEY(S) ABOUT THE PRESENT OWI CASE? IF SO, WITH WHOM
DID YOU CONSULT? _____**

**HAVE YOU EITHER HIRED ANOTHER ATTORNEY OR PAID A PARTIAL FEE TO
ANOTHER ATTORNEY? _____**

WHAT ADVICE (REGARDING A POSSIBLE PLEA OR ABOUT CHALLENGING THIS CASE) WERE YOU GIVEN BY SUCH OTHER ATTORNEY(S)? _____

DO YOU UNDERSTAND THAT YOU ARE FREE TO FOLLOW THAT ATTORNEY'S ADVICE (OR ANY OTHER ATTORNEY'S ADVICE) AND THAT YOU ARE IN NO WAY BOUND TO USE MY LEGAL SERVICES IN YOUR CASE UNLESS YOU HIRE ME? _____

*******REFUSAL OF THE STATE'S BREATH, BLOOD OR URINE TESTS*****
WHAT ACTIONS WERE TAKEN OR STATEMENTS WERE MADE BY THE POLICE OFFICER TO YOU JUST PRIOR TO YOUR ALLEGED REFUSAL TO TAKE THE STATE'S TEST(S)? _____**

WHY DID YOU REFUSE (OR WHY DID THE OFFICER CLAIM THAT YOU REFUSE) THE STATE'S TEST(S)? _____

IN WHAT WAY (OR WITH WHAT WORDS OR CONDUCT) DID YOU (ALLEGEDLY) REFUSE THE STATE'S TEST? _____

WERE YOU AWARE THAT YOUR LICENSE (OR PRIVILEGE TO DRIVE IN MICHIGAN) WOULD BE SUSPENDED FOR ONE YEAR BY ADMINISTRATIVE ACTION FOR REFUSING TO SUBMIT TO THE STATE'S TEST(S)?

DO YOU WISH FOR ME TO HANDLE YOUR LICENSE SUSPENSION HEARINGS (ASSUMING THAT A TIMELY APPEAL HAS BEEN FILED)? _____

DO YOU UNDERSTAND THAT THESE ADMINISTRATIVE PROCEEDINGS ARE SEPARATE PROCEEDINGS FROM YOUR OWI AND ANY OTHER PENDING CRIMINAL (TRAFFIC) OFFENSES? _____

HAVE YOU PROVIDED ME WITH EVERYTHING YOU HAVE RECEIVED FROM THE DEPARTMENT OF PUBLIC SAFETY, AND OTHER STATE'S LICENSING AGENCY OR FROM THE ARRESTING OFFICER? _____

DO YOU UNDERSTAND THAT YOU HAVE (HAD) A VERY SHORT AMOUNT OF TIME (10 BUSINESS DAYS AFTER ARREST) IN WHICH TO APPEAL A PROPOSED ADMINISTRATIVE SUSPENSION? _____

HAVE YOU RECEIVED ANY NOTIFICATION FROM THE ARRESTING OFFICER OR FROM THE MICHIGAN SECRETARY OF STATE NOTIFYING YOU OR A PROPOSED SUSPENSION OR REVOCATION OF YOUR PRIVILEGE TO DRIVE? _____

IF SO, HAVE YOU FILED A TIMELY APPEAL (OR HAD OUR OFFICE ASSIST YOU IN DOING IT)?

FOR PERSONS LICENSED IN ANOTHER STATE. A REFUSAL IN MICHIGAN MAY OR MAY NOT AFFECT YOUR RIGHT TO DRIVE IN YOUR HOME STATE. WHEN YOU DROP OFF THIS QUESTIONNAIRE, ASK FOR THE PHONE NUMBER OF AN ATTORNEY FROM YOUR STAT WHO SPECIALIZES IN OWI DEFENSE, SO THAT YOU CAN GET AN ANSWER TO THIS QUESTION. EVEN IF YOU WILL NOT BE AFFECTED IN YOUR HOME STATE, WE WILL LIKELY WANT TO APPEAR AT THE DLAD REFUSAL HEARING TO GET SWORN TESTIMONY FROM THE OFFICER. ALSO, WE WILL NEED A COPY OF ALL AVAILABLE DRIVING HISTORY RECORDS FROM ALL STATES WHERE YOU HAVE BEEN LICENSED.

*******OTHER CHARGES FROM SAME INCIDENT*******

WHAT IS THE CITATION NUMBER ON YOUR OWI TICKET (LOOK IN UPPER RIGHT HAND CORNER)? _____

If you were charged with any other traffic offenses or crimes, give the following information on EACH separate offense.

Dated: _____

Client Signature

IMPORTANT NOTE: WHEN RETURNING THESE FORMS, IF YOU HAVE NOT ALREADY SUPPLIED ME WITH COPIES OF THE FOLLOWING, PLEASE DO SO:

1. Copies of all traffic citations that you received after being arrested;
2. Copies of any "breath test" machine tape;
3. Copies of any incident report or arrest report from the case, if you have obtained one;
4. Copies of any accident report from the case, if you have obtained one;
5. Copies of any bond release forms relating to your case;
6. Copies of any "personal items" inventory forms (jail intake or documents received upon release from jail/custody) you received in connection with your arrest;
7. Copies of any other documents, receipts or other papers of any type whatsoever that you or your family/friends/bondsman received that day/night. This includes copies of any checks written by you.
8. A copy of all tow company records;
9. A copy of the 8 ½ x 11 "paper" license and/or license suspension form (front and back) completed by the police at the time you were jailed.
10. **VERY IMPORTANT!** A copy of your previous driving history from your Secretary of State, State Highway Department/Department of Public Safety.
11. On any previous OWI offenses or habitual violator advisements, make copies of all prior documents that are in your possession relating to any aspect of such case(s)