# DWI Case Questionnaire

Ballard Law Firm, PLLC – Confidential Client Intake

## 1. Personal Information

* Full Legal Name:
* Date of Birth:
* Phone Number:
* Email Address:
* Driver’s License Number & State:
* Are you a U.S. citizen? ☐ Yes ☐ No
* Prior DWI or criminal charges? ☐ Yes ☐ No
* If yes, please explain:

## 2. Arrest Details

* Date of arrest:
* County of arrest:
* Arresting agency: ☐ Local PD ☐ Sheriff’s Office ☐ State Trooper
* Were you the driver of the vehicle? ☐ Yes ☐ No
* Were you involved in an accident? ☐ Yes ☐ No
* If yes, describe:

## 3. Reason for Stop

* Why did the officer say they pulled you over? ☐ Speeding ☐ Swerving ☐ Checkpoint ☐ Equipment violation ☐ Other:
* Do you agree with the reason given? ☐ Yes ☐ No
* If no, explain:

## 4. Officer Interaction

* Were you read your Miranda rights? ☐ Yes ☐ No
* Did you speak to the officer or make any statements? ☐ Yes ☐ No
* If yes, what did you say?
* Were you allowed to call a lawyer? ☐ Yes ☐ No

## 5. Field Sobriety Tests

* Were any field sobriety tests performed? ☐ Yes ☐ No
* If yes, check which ones: ☐ Walk-and-turn ☐ One-leg stand ☐ Horizontal gaze nystagmus ☐ Others:
* Do you believe you performed well? ☐ Yes ☐ No
* Were you told you passed or failed? ☐ Yes ☐ No

## 6. Chemical Testing

* Were you asked to take a breath test? ☐ Yes ☐ No
* Did you take it? ☐ Yes ☐ No
* Result (if known):
* Were you asked to provide a blood or urine sample? ☐ Yes ☐ No
* Was it done at a hospital? ☐ Yes ☐ No
* Did you refuse any test? ☐ Yes ☐ No
* Were you informed about license consequences of refusal? ☐ Yes ☐ No

## 7. Vehicle & License Info

* Was your vehicle impounded? ☐ Yes ☐ No
* Do you currently have a valid driver’s license? ☐ Yes ☐ No
* Have you received notice of license suspension or revocation? ☐ Yes ☐ No
* If yes, what was the date of notice:

## 8. Court Information

* Next court date (if known):
* Court location:
* Have you had a first appearance? ☐ Yes ☐ No
* Have you applied for a limited driving privilege? ☐ Yes ☐ No

## 9. Additional Details

* Were there any passengers? ☐ Yes ☐ No
* Any audio/video recordings of the stop? ☐ Dash cam ☐ Body cam ☐ Unknown
* Any medical conditions that may have affected your test results? ☐ Yes ☐ No
* If yes, explain:
* Any other facts you think we should know?