JLJ LAW

JENNIFER LOUIS-JEUNE

CRIMINAL DEFENSE IN NEW YORK & NEW JERSEY

DWI CASE INTAKE FORM

1. Contact Information

First Name: ____

Last Name: ____

Home Street Address: ____

Home City, State, ZIP: ____

Occupation: ____

Employer Name: ____

Work Street Address: ____

Work City, State, ZIP: ____

Marriage Status: ____

Number of children/ages: ____

Highest Level of Education: ____

Email: ____

Cell Phone: ____ Best time: __________

Ok to text? ○ Yes ○ No

Home Phone: ____ Best time: __________

Work Phone: ____ Best time: __________

2. DWI Arrest Information - SKIP IF NOT

Date Arrested: ______________________________________

Did the officer see you driving? ○ Yes ○ No

Did you admit to driving? ○ Yes ○ No

Did you have a valid license at the time of this incident? ○ Yes ○ No

Was there an accident? ○ Yes ○ No

Did your airbags deploy? ○ Yes ○ No

Did you have valid insurance at the time of this incident? ○ Yes ○ No

Were you stopped at a checkpoint? ○ Yes ○ No

Was there anything mechanically wrong with your vehicle? ○ Yes ○ No

Did you think the officer had a valid and legal reason
For stopping you? ○ Yes ○ No

If no, explain why: ____

Was there any delay in responding to the lights or siren? ○ Yes ○ No

Any difficulty parking the vehicle when being puled over? ○ Yes ○ No

Any difficulty producing your license or registration? ○ Yes ○ No

Do you have a NY Driver's license? ○ Yes ○ No

If no, what state? _______________

Did you admit to drinking or doing any drugs? ○ Yes ○ No

Did you take any field sobriety tests? ○ Yes ○ No

Have you ever suffered any injury that could effect your balance, such as a knee injury? ○ Yes ○ No

Did you tell the officer that you had an injury? ○ Yes ○ No

Have you ever had a problem involving your ears or any other problem affecting balance? ○ Yes ○ No

Did you pass the field sobriety tests? ○ Yes ○ No

Did the officer give you a breath test at the roadside? ○ Yes ○ No

If so, did the officer tell you it was voluntary? ○ Yes ○ No

Do you know the result? ____________

3. Breath Test/Arrest Processing

Were you read your Miranda rights at any time? ○ Yes ○ No

Did you make any statements to the arresting officer? ○ Yes ○ No

What did you say, if anything?

____
____
____
____

Did the officer give you a choice of taking a blood or breath test? ○ Yes ○ No

A urine test? ○ Yes ○ No

Did you take a test? ○ Yes ○ No

Did the officer give you warnings about not taking the test? ○ Yes ○ No

Did you refuse to thake the test after being advised that your license would be suspended if you refused? ○ Yes ○ No

Do you know the results of the test? _________________

Did you take coordination tests at the precinct? ○ Yes ○ No

What were they? ____

Do you think you passed the coordination tests? ○ Yes ○ No

Did the breath test operator observe you carefully for at least 20 minutes immediately before your first blow in the breath-testing machine? ○ Yes ○ No

Did the breath test machine operator do anything to make sure you didn't belch or regurgitate or have anything in your mouth prior to the test? ○ Yes ○ No

Do you have any problems with your mouth, teeth or gums? ○ Yes ○ No

Do you have any food traps, gum disease or any other holes in your mouth (teeth removed, etc.)? ○ Yes ○ No

Are you diabetic? ○ Yes ○ No

Are you on a diet? ○ Yes ○ No

Have you lost a lot of weight recently? ○ Yes ○ No

Do you have GERD or reflux disease? ○ Yes ○ No

Do you have heartburn often? ○ Yes ○ No

Do you have asthma? ○ Yes ○ No

Did you have a fever or cold at the time of your arrest? ○ Yes ○ No

Do you work around any chemicals or solvents or did you on the date of your arrest? ○ Yes ○ No

What types: ____

Have you had any recent surgery? ○ Yes ○ No

What surgery? ____

Do you wear contact lenses? ○ Yes ○ No

Are you a cigarette smoker? ○ Yes ○ No

Did you smoke cigarettes prior to your arrest? ○ Yes ○ No

How many? _____________

Were you taking any medications on the day of your arrest? ○ Yes ○ No

If yes, what medications? ____

Did you use any mouthwash or breath fresheners the day of your arrest? ○ Yes ○ No

Did you blow into the machine more than two times? ○ Yes ○ No

After taking the breath test, did the officer or operator tell you that the breath test machine does not retain a sample of your breath and that you therefore had the right to take an additional chemical test of your blood or urine at no charge to you? ○ Yes ○ No

4. Blood/Urine Testing

Was blood taken from you? ○ Yes ○ No

IF NO, SKIP TO SECTION 5

Before blood was drawn, was the area cleansed with a non-alcohol swab? ○ Yes ○ No

Did you take the blood test voluntarily? ○ Yes ○ No

Were you threatened that blood would be taken against your will? ○ Yes ○ No

Did you see anyone shake the blood vial vigorously just after it was drawn? ○ Yes ○ No

Were you asked to void your bladder completely then wait before a urine sample was taken? ○ Yes ○ No

Did the officer collect more than one urine sample? ○ Yes ○ No

Was an officer present when you provided your urine sample(s)? ○ Yes ○ No

5. Prior Criminal Background

Have you ever been stopped or arrested for drunk driving before? ○ Yes ○ No

Have you ever been convicted of DWI before? ○ Yes ○ No

Have you ever been stopped or arrested for any other offense? ○ Yes ○ No

Have you ever been convicted of any offense before? ○ Yes ○ No

If you answered yes to any of the above, please explain:

____

____

____

____

6. Car Information

What type of car were you driving? ____

Do you own or lease the vehicle? __________

Leasing company? ______________________________

Do you have a copy of your lease? ○ Yes ○ No

Was your car seized? ○ Yes ○ No

7. Other Information

Do you have an occupation that requires you to drive? ○ Yes ○ No

Do you have life insurance? ○ Yes ○ No

Do you provide your own health insurance? ○ Yes ○ No

Do you have any points on your license? ○ Yes ○ No

How many? _________________

Do you have a pilot's license? ○ Yes ○ No

Do you have a state professional or occupational license? ○ Yes ○ No

What type? __________________

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DWI MEDICAL QUESTIONNAIRE

The proper defense of a DUI/DWI charge requires a complete medical history to enable your attorney to completely and properly evaluate your case. Most of the scientific and pseudo-scientific evidence in your case rests on assumptions that you are an "average normal person" and that you are in "good health." A complete medical history is also important to help us evaluate your performance on the "field sobriety test" and to help us present alternative explanations for what may appear to be objective signs of intoxication.

Thank you for your time and effort in completing this form – *it will help us help you.*

Name: ________________________ Today's Date: _________________________

1. Age:
2. Weight:
3. Height:
4. List all medications you take:

5. List all medications including over-the-counter drugs taken within 24 hours of your arrest:

6. Eyes/HGN

6.1- Do you wear glasses?	○ Yes ○ No
6.2- Do you wear contact lenses?	○ Yes ○ No
6.3- On the day of your arrest, did you do anything that would cause eye strain?	○ Yes ○ No
6.4- Have you been diagnosed as having Eye Muscle Fatigue?	○ Yes ○ No
6.5- Have you been diagnosed with dry eyes?	○ Yes ○ No
6.6- Have you been diagnosed with conjunctivitis?	○ Yes ○ No
6.7- Have you been diagnosed or treated for Glaucoma?	○ Yes ○ No
6.8- Do you have a "lazy eye" or are you "cross-eyed"?	○ Yes ○ No

6.9- Are you under the care of an ophthalmologist? ○ Yes ○ No
6.9.1- Name of doctor:
6.9.2- Condition:
6.10- On the day of your arrest had you ingested:
6.10.1- Caffeine: ○ Yes ○ No
6.10.2- Nicotine: ○ Yes ○ No
6.10.3- Aspirin: ○ Yes ○ No
6.10.4- Antihistamines: ○ Yes ○ No
6.10.5- Other:
6.10.6- On the day of your arrest did you have or had you suffered from:
6.10.6.1- The flu or a cold? ○ Yes ○ No
6.10.6.2- Hypertension? ○ Yes ○ No
6.10.6.3- Hypotension? ○ Yes ○ No
6.10.6.4- Arteriosclerosis? ○ Yes ○ No
6.10.6.5- Streptococcus infection? ○ Yes ○ No
6.10.6.6- Measles? ○ Yes ○ No
6.10.6.7- Muscular dystrophy? ○ Yes ○ No
6.10.6.8- Multiple sclerosis? ○ Yes ○ No
6.10.6.9- Epilepsy? ○ Yes ○ No
6.10.6.10- Brain hemorrhage? ○ Yes ○ No
6.10.6.11- Inner eye injuries? ○ Yes ○ No
6.10.6.12- Bilateral amblyopia? ○ Yes ○ No
6.10.6.13- Unusual sleep pattern? ○ Yes ○ No
6.10.6.14- Vertigo? ○ Yes ○ No
6.10.6.15- Dyslexia? ○ Yes ○ No
6.10.6.16- Any other diagnosed eye problem? ○ Yes ○ No

7. Ears/Hearing

7.1- Do you wear a hearing aid? ○ Yes ○ No
7.2- Do you have any diagnosed hearing defects? ○ Yes ○ No
7.3- Do you have any diagnosed auditory processing defects? ○ Yes ○ No
7.4- Have you had any inner ear infections? ○ Yes ○ No
7.5- Have you suffered any injury to your ears? ○ Yes ○ No
7.6- Do you get swimmer's ear? ○ Yes ○ No

8. Body Temperature

8.1- What is your normal body temperature? ______________
8.2- On the day of your arrest, was your body temperature higher than normal? ○ Yes ○ No
What was it? ____________________________________

8.3- Within 24 hours of your arrest, did you have a fever? ○ Yes ○ No
What was your fever? ___________________________
8.4- Did you have your period or were you pre-menstrual at the time of your arrest? ○ Yes ○ No

9. Lungs and Respiratory System

9.1- Do you have Asthma? ○ Yes ○ No
9.2- Do you have Pulmonary Obstructive Disease? ○ Yes ○ No
9.3- Do you smoke? ○ Yes ○ No
How much per day? ___________________________
9.4- Do you have lung cancer? ○ Yes ○ No
9.5- Do you have lymphoma? ○ Yes ○ No
9.6- Do you have Hodgkin's Disease? ○ Yes ○ No
9.7- Do you have throat cancer? ○ Yes ○ No
9.8- Do you have any other diagnosed ailment of the respiratory system? ○ Yes ○ No

10. Endocrine System

10.1- Are you diabetic? ○ Yes ○ No
10.1.1- Type 1? ○ Yes ○ No
10.1.2- Type 2? ○ Yes ○ No
10.1.3- Do you take insulin? ○ Yes ○ No
10.1.4- Are you on oral medication? ○ Yes ○ No
What: ___________________________________
10.2- On the day of your arrest were you hypoglycemic? ○ Yes ○ No
10.3- On the day of your arrest were you hyperglycemic? ○ Yes ○ No
10.4- Have you ever had yeast infections? ○ Yes ○ No
10.5- Were you taking antibiotics on the day of your arrest? ○ Yes ○ No

11. Gastrointestinal System

11.1- Do you suffer from Gastric Reflux Disease? ○ Yes ○ No
11.2- Have you had an Esophageal Hernia? ○ Yes ○ No
11.3- Do you use Tagamet, Zantac, or other anti-heartburn medication? ○ Yes ○ No
What: ____
11.4- Do you suffer from any urinary tract infections? ○ Yes ○ No
11.5- Do you suffer from bladder infections? ○ Yes ○ No

12. Skeletal System

12.1- Have you suffered injuries to or have deformities in your:
12.1.1- Feet? ○ Yes ○ No

12.1.2- Ankles? ○ Yes ○ No
12.1.3- Knees? ○ Yes ○ No
12.1.4- Legs? ○ Yes ○ No
12.1.5- Back? ○ Yes ○ No
12.1.6- Spine? ○ Yes ○ No
12.1.7- Hands or Fingers? ○ Yes ○ No
12.1.8- Neck? ○ Yes ○ No

12.2- Do you suffer from Arthritis? ○ Yes ○ No
Where? ____

12.3- Are you “Pigeon-toed”? ○ Yes ○ No

12.4- Are you “Bow-legged”? ○ Yes ○ No

13. Muscular System

13.1- At the time of your arrest did you have any muscle:
13.1.1- Strains? ○ Yes ○ No
13.1.2- Sprains? ○ Yes ○ No
13.1.3- Tears? ○ Yes ○ No
13.1.4- Atrophy? ○ Yes ○ No
13.1.5- Cramps? ○ Yes ○ No

13.2- Have you suffered any disease of the muscles? ○ Yes ○ No

13.3- Do you have Ataxia? ○ Yes ○ No

13.4- Do you have any condition which you believe affects your balance and coordination? ○ Yes ○ No
What? ____

14. Circulatory System

14.1- Do you have heart disease? ○ Yes ○ No

14.2- Do you take any blood thinners? ○ Yes ○ No

15. Neurological/Psychological/Psychiatric

15.1- Have you ever suffered a stroke? ○ Yes ○ No

15.2- Have you ever suffered any injury to the brain? ○ Yes ○ No

15.3- Have you ever seen a psychologist of psychiatrist? ○ Yes ○ No
15.3.1- What was diagnosis: ________________________
15.3.2- When: ____________________________________
15.3.3- Were you placed on medication? ○ Yes ○ No
What: ____________________________________

15.4- Have you been diagnosed with Attention Deficit Disorder? ○ Yes ○ No

15.5- Do you suffer from depression? ○ Yes ○ No

15.6- Do you experience anxiety attacks? ○ Yes ○ No
15.7- Do you get nervous easily? ○ Yes ○ No

16. Accident Cases

16.1- Did you hit your head? ○ Yes ○ No
16.2- Were you injured in any way? ○ Yes ○ No
How? ____
16.3- Were you wearing a seatbelt? ○ Yes ○ No
16.4- Did your airbag deploy? ○ Yes ○ No
16.5- Were you taken to a hospital? ○ Yes ○ No
16.6- Were you put on an IV prior to having your blood withdrawn? ○ Yes ○ No
16.7- Do you remember talking with a police officer? ○ Yes ○ No
16.8- Did you ever lose consciousness? ○ Yes ○ No

17. The Mouth

17.1- Do you have periodontal disease? ○ Yes ○ No
17.2- Do you have dentures? ○ Yes ○ No
17.3- Do you have extensive bridge work? ○ Yes ○ No
17.4- Do you have any caps or crowns that are loose? ○ Yes ○ No
17.5- Do you have any condition that introduces blood into your mouth? ○ Yes ○ No
17.6- Were you on antihistamines the day of your arrest? ○ Yes ○ No

18. General Information

18.1- Do you have any condition that would affect your ability to perform sobriety tests? ○ Yes ○ No
What: ____
18.2- Do you have any condition that would make you appear to be intoxicated? ○ Yes ○ No
What: ____
18.3- Were you pepper sprayed or sprayed with mace? ○ Yes ○ No

19. At the time of your arrest, were you on a special diet, such as a high protein diet, or the Atkin's diet? ○ Yes ○ No

20. Have you ever been in an alcohol treatment program?

If yes to 20, provide the year, the name of the program, location, length of treatment, and whether it was inpatient or outpatient:

21. For any questions that you answered yes to above, provide the name, address, telephone number and summary of what records or testimony might be expected to show for any doctors or hospitals where you received treatment or examinations.