

# The McGee Law Firm

218 Princess Street • Wilmington, NC 28401 • (910) 254-0400

## *DWI CLIENT INTERVIEW*

Date of Interview: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### *Phone numbers:*

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

e-mail address \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Offense Date: \_\_\_\_\_

DL#: \_\_\_\_\_

DL state: \_\_\_\_\_

SSN: \_\_\_\_\_

Sex: _____	Weight: _____
Race: _____	Eye color: _____
Height: _____	Hair color: _____

## **EMPLOYMENT**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Vehicle used in Employment? Y / N If Yes, what kind: \_\_\_\_\_

Job Dependent on License? Y / N

**PRIOR RECORD**

Prior DWI's: Y / N      How many: \_\_\_\_\_      What state: \_\_\_\_\_

Lawyers Name: \_\_\_\_\_

Outcome: \_\_\_\_\_

Prior Speeding Tickets: Y / N      How many: \_\_\_\_\_      What state: \_\_\_\_\_

Lawyers Name: \_\_\_\_\_

Outcome: \_\_\_\_\_

Presently on Probation: Y / N      If yes, explain: \_\_\_\_\_

**EDUCATION**

High School Graduate? Y / N      name/city: \_\_\_\_\_

College Graduate? Y / N / current      name/city: \_\_\_\_\_

Special Training: \_\_\_\_\_

**FAMILY** (please circle)

Married • Single • Divorced • Widowed • Engaged

Spouses name: \_\_\_\_\_      Employment: \_\_\_\_\_

Children? Y / N      Ages: \_\_\_\_\_

**MILITARY**

Branch: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Honors, Recommendations \_\_\_\_\_      Where Served: \_\_\_\_\_

**HEALTH**

Eyes

Do you wear glasses? Y / N

Do you wear contacts? Y / N

Do you have vision in both eyes? Y / N

Any other eye problems; for example, conjunctivitis, eye muscle fatigue, glaucoma, etc. Please explain: \_\_\_\_\_

\_\_\_\_\_

Ears

Do you wear hearing aids? Y / N

Do you suffer from vertigo? Y / N

Inner ear infections? Y / N

Diagnosed hearing defects? Y / N

Injury to ears? Y / N

If yes, please explain: \_\_\_\_\_

Additional information about ears/hearing conditions: \_\_\_\_\_

\_\_\_\_\_

Lungs & Respiratory System

Do you have Asthma? Y / N  
Do you smoke? Y / N If yes, how much per day? \_\_\_\_\_  
Do you have any type of cancer? Y / N If yes, please specify: \_\_\_\_\_

Endocrine System

Are you diabetic? Y / N Type I or II: \_\_\_\_\_  
Do you take insulin? Y / N If yes, what dose? A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Circulatory System

Do you have heart disease? Y / N Do you have circulatory problems? Y / N  
Do you take blood thinners? Y / N If yes, please list: \_\_\_\_\_

Skeletal System

Have you suffered injuries to, or have deformities in your:

Feet?	Y / N	If yes, describe: _____
Ankles?	Y / N	If yes, describe: _____
Knees?	Y / N	If yes, describe: _____
Legs?	Y / N	If yes, describe: _____
Back?	Y / N	If yes, describe: _____
Spine?	Y / N	If yes, describe: _____
Hands?	Y / N	If yes, describe: _____
Fingers?	Y / N	If yes, describe: _____
Neck?	Y / N	If yes, describe: _____

Do you suffer from arthritis? Y / N If yes, where? \_\_\_\_\_

Neurological/ Psychological/ Psychiatric

Have you ever suffered a stroke? Y / N If yes, when? \_\_\_\_\_  
Do you have any partial paralysis? Y / N If yes, where? \_\_\_\_\_  
Have you suffered injury to the brain? Y / N If yes, when? \_\_\_\_\_

Have you ever seen a psychologist or psychiatrist? Y / N  
If yes, when? \_\_\_\_\_ What was the diagnosis? \_\_\_\_\_  
Were you placed on medication? Y / N If yes, please list: \_\_\_\_\_

Have you been diagnosed with: ADD / ADHD If yes, when: \_\_\_\_\_  
Were you placed on medication? Y / N If yes, please list: \_\_\_\_\_  
What are the side effects of these medications? \_\_\_\_\_

List all other medical conditions: \_\_\_\_\_

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Do you suffer from:

headaches • migraines If so, how often: \_\_\_\_\_

depression? Y / N

anxiety attacks? Y / N

nervousness? Y / N

If yes, are you on medication? Y / N If yes, please  
list: \_\_\_\_\_

Oral / Dental

Do you have.....(please circle all that apply)

periodontal disease • extensive bridge work • loose caps/crowns • dentures

If yes, please explain and list medications, if  
any: \_\_\_\_\_

**GENERAL INFORMATION**

Do you have any balance or coordination problems? Y / N

If yes, please explain: \_\_\_\_\_

Do you have any condition which would affect your ability to perform field sobriety  
tests? Y / N

If yes, please explain: \_\_\_\_\_

Do you have any condition which might make you appear to be intoxicated? Y / N

If yes, please explain: \_\_\_\_\_

**EVENTS ON DAY OF ARREST**

Date of arrest: \_\_\_\_\_ Day of week: \_\_\_\_\_

Time: \_\_\_\_\_

List all prescribed and over the counter medications you took on the date of offense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of sleep the night before: \_\_\_\_\_ Normal hours of sleep: \_\_\_\_\_

*Food intake*

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

*Beverage consumption*

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

*Alcohol consumption:*

Where were you when you started drinking? \_\_\_\_\_

What time did you arrive? \_\_\_\_\_ What time did you leave? \_\_\_\_\_

What time did you begin drinking? \_\_\_\_\_

What time did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of Drinks \_\_\_\_\_

If mixed drinks, who prepared the drinks?: \_\_\_\_\_

Witnesses to corroborate drinking at this location?: \_\_\_\_\_

List all food eaten while there \_\_\_\_\_

**Next location:** \_\_\_\_\_

Where were you when you started drinking? \_\_\_\_\_

What time did you arrive? \_\_\_\_\_ What time did you leave? \_\_\_\_\_

What time did you begin drinking? \_\_\_\_\_

What time did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of Drinks \_\_\_\_\_

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What time did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of Drinks \_\_\_\_\_

If mixed drinks, who prepared the drinks?: \_\_\_\_\_

Witnesses to corroborate drinking at this location?: \_\_\_\_\_

List all food eaten while there \_\_\_\_\_

Did you have the flu? Y / N

Did you have a cold? Y / N

Had you been using paint, paint thinner, or chemicals of any kind? Y / N

If yes, please specify and explain: \_\_\_\_\_

Did you have any muscle: (circle all that apply)

strains • sprains • tears • atrophy • cramps

If yes, where? \_\_\_\_\_

**VEHICLE CONDITION**

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Was the vehicle you were driving in good mechanical condition? Y / N

If no, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and phone numbers of other persons in vehicle:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVENTS PRIOR TO CHARGE**

Please describe the route you were driving prior to the arrest. State where you were coming from and where your final destination would have been, indicating stops on the way.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where were your keys?: \_\_\_\_\_

Was the car door locked? Y/ N      Difficulty putting key in lock? Y/N

Where parked? \_\_\_\_\_      Parking break on? Y/ N

Difficulty putting key in ignition? Y/ N

Take two hands to engage ignition? Y/ N      Lights: On/ Off?

Drive in reverse before you went forward? Y/ N

Which way did you turn? Right/ Left

### **POLICE ENCOUNTER**

Describe weather conditions \_\_\_\_\_

Location of stop and arrest \_\_\_\_\_

When did you first notice the police officer? \_\_\_\_\_

What lane were you traveling in? \_\_\_\_\_

What speed were you traveling? \_\_\_\_\_

Immediately after noticing blue police lights, what was the first thing you did? \_\_\_\_\_

What do you think attracted the officer's attention? \_\_\_\_\_

How long did it take to stop your car? \_\_\_\_\_

Where did you stop? \_\_\_\_\_

Where was the police car in relation to your car? \_\_\_\_\_

Describe the first thing you did after stopping \_\_\_\_\_

Did you turn off the ignition? Y / N

Did you turn off your lights?      Y / N

Did you have any difficulty with the above items? Y / N

What reason was given by the officer for stopping you? \_\_\_\_\_

Did you have your license and registration ready before the officer asked?      Y / N

Did you have to "fumble through things" to locate your license and registration?      Y / N

Were you sprayed with pepper spray or mace at the time of the incident?      Y / N

What was the first thing the officer said to you and how did you respond? \_\_\_\_\_

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What questions did the officer ask you prior to getting you to step out of the vehicle?

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**FIELD SOBRIETY TESTS**

Did the officer get you to take any field sobriety tests? Y / N

If so, list all the tests you took and how well you performed: \_\_\_\_\_

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Were there any distractions while taking the tests? Y / N

If yes, please describe: \_\_\_\_\_

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Describe the conditions where you took the field sobriety tests: (circle all that apply)

level • sloping • rocky • smooth • wet • dry • grassy • dirt • pavement • wide • narrow • holes • ruts

Were there people gathered? Y / N If yes, how many? \_\_\_\_\_

How did you feel during the tests? \_\_\_\_\_

Did the officer demonstrate each test before you did it? Y / N

Did the officer tell you what you had to do to pass each test? Y / N

Did the officer tell you whether or not you passed each test? Y / N

**THE ARREST**

Did the officer give you a breath test before your arrest? Y / N

If so, how many times? \_\_\_\_\_ How long between the tests? \_\_\_\_\_

Did the officer tell you that you were under arrest? Y / N

If so, when? \_\_\_\_\_

Did the officer tell you *why* you were under arrest? Y / N

If so, what was the reason? \_\_\_\_\_

Were you handcuffed? Y / N

Were you given a Miranda warning? Y / N

Was it read to you? Y / N



Did you understand the Miranda warning? Y / N

Did you say anything before the Miranda warning was read to you? Y / N

If so, please describe: \_\_\_\_\_

Did you say anything after the Miranda warning was read to you? Y / N

If so, please describe: \_\_\_\_\_

Were there any witnesses to the arrest? Y / N

If so, please list: \_\_\_\_\_

**AFTER THE ARREST**

Did the police administer: (please circle)

blood test • breath test

Who administered the test? \_\_\_\_\_

Was anyone else present during the test? Y / N

If yes, who? \_\_\_\_\_

Were you told you had a right to have a witness present during the test? Y / N

Were you told you had the right to contact an attorney? Y / N

If you contacted an attorney, when did they arrive? \_\_\_\_\_

Did the attorney witness the testing procedure? Y / N

Were you given access to a telephone and a telephone book? Y / N

Did the person administering the test run a simulator test first? Y / N

How many breath tests did you take? \_\_\_\_\_

Were any breath samples saved? Y / N

Did you burp, belch, or regurgitate during any of the breath tests? Y / N

Was the testing process video taped? Y / N

Were any field sobriety tests performed at the jail? Y / N

If so, please describe each test and how well you performed: \_\_\_\_\_

\_\_\_\_\_

Did you sign any forms or documents? Y / N

If so, please list: \_\_\_\_\_

Did the officer talk to the magistrate about probable cause? Y / N

If so, what was the probable cause the officer gave to the magistrate? \_\_\_\_\_

\_\_\_\_\_

Did the magistrate inform you in writing the established procedure to have others be present at the jail to observe our condition? Y / N

**CONDITIONS OF RELEASE**

Time of release: \_\_\_\_\_

Total amount of time in custody: \_\_\_\_\_

Did you make bond? Y / N

If you were unable to make bond, did the magistrate inform you, in writing, the established procedure for administering an additional chemical analysis? Y / N

Did the magistrate write down the names and contact numbers whom you wished to contact to make bail? Y / N

Name of bonding company surety: \_\_\_\_\_

What conditions of release were imposed by the magistrate?

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**ACCIDENT INFORMATION** (to be completed only if an accident occurred)

Were you injured in any way? Y / N

Were you wearing your seat belt? Y / N

Did you hit your head? Y / N

Did your air bag deploy? Y / N

Were you taken to the hospital? Y / N

If yes, which one: \_\_\_\_\_

Were you ever unconscious? Y / N

Do you remember speaking with a police officer? Y / N

**CLOTHING DESCRIPTION:**

Please describe the clothing you were wearing at the time of arrest: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

If there is any other personal information that you feel will help with your defense, please explain:

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**The McGee Law Firm thanks you for filling out this form, it will be helpful in developing your case.**