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CONFIDENTIAL CLIENT INTAKE QUESTIONNAIRE-

TRUTHFULLY COMPLETE EVERY PART OF THIS FORM IN GREAT DETAIL AS SOON AS POSSIBLE. DETAILED ANSWERS WILL BE USED TO EVALUATE YOUR DEFENSE. ALL PERSONAL DATA IS CONFIDENTIAL. USE EXTRA SHEETS OF PAPER WHEN WE DO NOT SUPPLY ENOUGH ROOM FOR YOUR ANSWERS. PLEASE MAKE A COPY OF THIS QUESTIONNAIRE FOR YOURSELF BEFORE RETURNING IT.

Full Name _____ Nickname _____
Full Name _____

Birth Date _____ AGE: _____ Birthplace: _____ Social Security #. _____

Have you ever failed to appear for court when summoned? YES NO explain: _____

WAS ARREST ALCOHOL, POT OR DRUG RELATED?

MOST IMPORTANT QUICK REFERENCE INFORMATION

DATE OF ARREST / / TIME OF ARREST : AM/PM	ARREST COP NAME	<u>NEXT COURT DATE</u> / /20 : AM/PM	DUI OFFENSE (1 ST , 2 ND , ECT.)	COUNTY HANDLING CASE
HOME ADDRESS: Street _____ City _____ State _____ ZIP _____ E-MAIL: _____		PHONE CELL _____ HOME _____ OTHER _____		Breath Test? YES NO Blood Test? YES NO Refused Test? YES NO BAC RESULT?
MAILING ADDRESS: (to be used for mail in this case) Street _____ City _____ State _____ ZIP _____				
Driver's License, State Issuing _____ Commercial Driver's License (CDL)? YES NO Have you had any moving violations in the State of Colorado in the last 24 months? If so, please explain IN DETAIL: _____				

(2) POSTING BOND

Was a bond required to get out of jail? If no, skip this. IF SO, how much? \$ _____.

Form of bond: Cash Bondsman? Click one.

NAME/PHONE # BONDSMAN _____

When were you released ___ / ___ / _____, @ ___ : ___ AM PM. Number of hours/days in jail? _____

(3) DMV HEARING

Did you request DMV Hearing? Yes/No. (Circle) Have you received hearing date? WHEN? ___ / ___ / _____

(4) EMPLOYMENT

Are you professionally licensed (i.e. medical doctor, teacher, attorney, registered nurse, etc.) or specially licensed (i.e. airline pilot, professional driver (CDL), realtor, stockbroker, etc.) such that you may lose such license because of a conviction? Yes / No; EXPLAIN: _____

Does your job involve "security clearance" or "top secret" status such that your employer may be unwilling to accept a DUI conviction and let you continue working? Yes / No EXPLAIN: _____

Employer _____

Job Title _____ How Long? _____; Annual Income: Under \$25,000 ___ \$25,000 to \$50,000 ___ Over \$50,000 ____ . Any problems with present employment? _____

Prior Employment _____; How Long? _____

Personal Vehicle used in employment? Yes/No

Would you be fired, restricted in duties, passed over for promotion or demoted/unable to work? YES/NO

a) if convicted of DUI? _____; b) if your license of suspended for 30-60 days? _____ ;c) if suspended, but you had a "work permit"? _____

Do you have a company owned vehicle? Yes/No

Are you insured by your company's auto insurance carrier? Yes/No/Not Applicable

How many miles driven to/from/at work on a routine day? _____

How many total miles driven each week (business and personal miles) _____

Is public transportation readily available to you? Yes/No

What is the possibility you could relocate to another state IF ABSOLUTELY NECESSARY to protect your right to drive? _____

(5) REFERRAL

How were you referred to us (or how did you learn about) our office? (Circle one) INTERNET: Google, Bing, Yahoo, -. PHONEBOOKS: Names & Numbers, Dex, Yellow Pages - RADIO, TELEVISION, NEWSPAPER

REFERRED BY: (name) _____ Other: _____

(6) EDUCATION

High School _____ Last Year Attended _____

City & State _____ Graduated Yes/No

College _____ Last Year Attended _____

Major _____ Graduated Yes/No

GRAD/TECH School _____ Last Year Attended _____

Special Training (trades, vocational, business college, post graduate, etc.) _____

(7) FAMILY

Married/Single/Divorced/Widowed/Engaged (circle one), If married, how long? _____

Spouse/Partner's Name _____ Employment _____

Does your spouse/partner drink alcohol? Yes/No (circle one) If so, how much? Daily/Weekly/ Occasionally

Please provide the name and phone number of an immediate family member who does not reside with you who will most likely know your whereabouts at all times:

Name _____ Phone number _____

(8) DEPARTMENT OF MOTOR VEHICLES HEARING

If BAC was .080 or more, or you refused testing, do you want me to handle your license suspension hearings Yes/No (Circle) (WAS a timely request for hearing has been filed?) Yes/No (Circle)

PLEASE PROVIDE ME ALL DOCUMENTS

Do you understand that these administrative proceedings are separate proceedings from your DUI and any other pending criminal (traffic) offenses? Yes / No (Circle)

DID you received an EXPRESS CONSENT AFFIDAVIT from the arresting officer or by mail notifying you of a revocation of your privilege to drive? Yes/No (Circle) When? _____, and if so, **provide me copies.**

(For persons licensed in another state) A revocation in Colorado may or may not affect your right to drive in your home state. When you drop off his questionnaire, ask for the phone number of an attorney from your state who specializes in DUI defense, so that we can get an answer to that question.

(9) MEDICAL HISTORY

Weight? _____ Height? _____; General health conditions? _____

Any physical disabilities? _____

Before arrest had you, been involved in any special diet or exercise programs? Yes / No; Explain: _____

At time of your arrest, were you dieting or fasting? Yes / No; If yes, explain: _____

Any prescribed medications taken by you, at or about time of arrest? Yes / No; explain: _____

If so, what drug and for what condition? _____

Any non-prescription medicine, herbal or Chinese supplement(s) taken by you at or about time of arrest? Yes / No. If so, explain? _____

For what symptoms or indications? _____

Were you taking ANY medicine, cough syrup, aspirin, Tagamet, inhalers, etc. (prescribed or over-the-counter) when arrested (within 24 hours of arrest)? Yes / No Explain: _____

Any Specific health problems? Explain: _____

Were you sick at time of arrest/HAVE FEVER? Explain? _____

Did you go to a doctor with any illness around this time? If so, explain? _____

Had you been in a **HOT TUB** before arrest? YES/NO; Explain: _____

Hearing, inner ear or auditory problems? Explain: _____

Heart, blood pressure, angina or circulatory, Explain: _____

Dizziness or depth perception Explain: _____

Eyes problems, including any surgery or injuries _____

Glasses, Yes / No; Contact Lens, Yes / No; Explain: _____

Allergies Explain: _____

False Teeth or "Bridge" work: Yes/No; If so, describe in detail: _____

If so, what type of dental adhesive do you use? Explain: _____

Did you have a tongue ring or other piercing in place when doing a breath test? Yes / No; Explain: _____

Problems with walking or standing (orthopedic or other) _____

Legs; Explain: _____

Knees; Explain: _____

Feet; Explain: _____

Arthritis; Explain: _____

Arms; Explain: _____

Stomach or Esophagus (Hiatal hernia, **gastric reflux**, chronic or regular heartburn, etc.) Explain: _____

At time of your arrest, did you have any problems with this stomach/esophagus condition **prior to** or **during** your confrontation with police? Yes/No. If so, describe: _____

Lungs/Breathing/Asthma/Emphysema; Explain: _____

Diabetes, hypoglycemia or "blood sugar" irregularities? Explain: _____

Do you ever suffer from "**heartburn**" or "acid stomach"? Yes / No Explain: _____

Have you EVER suffered significant injuries from any traumatic event (e.g. childhood injuries, etc.)? Yes/No;

If so, give details: _____

At time of your arrest, did you have **blood in your mouth** for any reason? Yes / No; If so, describe: _____

Do you smoke cigarettes or **marijuana**? Yes/No; If yes, how much/how frequently? _____

At time of your arrest, were you smoking cigarettes or **marijuana**? Yes / No; explain in detail: _____

Any history of mental illness or disorder? Yes / No; If so, describe: _____

Ever been treated by a psychiatrist or psychologist? Yes/ No; WHERE? _____ ;
WHY? _____

Have you ever been involved in any alcohol or drug treatment program? Yes / No; Explain: _____

Have you ever attended Alcoholics Anonymous, AL ANON or similar substance abuse support groups? Yes/No
(circle one), Describe _____

Do you believe that you are presently dependent on alcohol or drugs of any type? _____

Have any members of your immediate family (including aunts, uncles and grandparents) had a problem with alcohol/drugs? If so, who? _____

Had you been involved in unusual work or other activities (such as two jobs, overtime, etc.) which might cause fatigue, eyestrain, etc.? _____ If yes, please specify _____

Does your employment expose you to chemicals, solvents, gases, volatile liquids, etc? Yes / No

Please Describe: _____

FEMALES, if you were on your period, the blood alcohol level shown by breath tests may be elevated by a small amount. If you are only minimally (.002 -.003) over the limit, please address where you were time wise with respect to your period. _____

(10) AWARDS/RECOGNITIONS/HONORS

Describe your personal, athletic, business, educational or professional awards, honors, recognitions or accolades

(11) ALCOHOL/DRUGS

Time of your first drink/smoke (pot) of day? _____ . Number of drinks before testing? _____

Length of time since last smoked pot before testing? _____ ; Time of cop administered test? _____

Usual alcoholic beverage you drink _____

Usual drug to use _____

Is there a particular alcoholic beverage you do not drink? Yes / No (circle one) what? _____

Do you switch around, depending on mood? Yes / No (circle one)

In general, when do you drink alcoholic beverages or use drugs? _____

At the time of your arrest, what was the reason/occasion/cause for you to have been drinking or using drugs prior to driving? _____

How often per week (or per month) do you consume alcohol/drugs? _____

On a day/evening when you are consuming alcohol/drugs, how much do you normally use? _____

Describe actions and conversations upon leaving the place where you were just prior to being arrest:

What was your intended destination when you were arrested? _____
Where were you parked prior to leaving your last location? _____
Was it raining or snowing? (Yes/No (circle one) Other conditions _____
With whom did you last talk before arrest? _____
Address: _____ Phone: _____
Friend? Yes/No (Circle) Relationship: _____
What did you talk about? _____

Do I have your permission to interview the person/people named above? Yes / No (circle one)

(14) ROUTE DRIVEN BEFORE ARREST

What route did you follow from your last location before the arrest occurred? _____

Traffic conditions you encountered on roadways prior to being arrested? _____

Was the arresting officer state patrol, sheriff's deputy, city police, other? (circle one).
Was he assisted by another officer? State patrol, sheriff's deputy, city police, other? (circle one).

(15) ROADBLOCKS

Was arrest at a roadblock or license check? **If no, skip this section.**

How far ahead did you see it? _____

Were any signs posted as you approached, such as "sobriety checkpoint" or "roadblock ahead"? Yes / No

Were you given any advance notice of the roadblock (i.e. was the roadblock well marked and visible from Flares, fluorescent cones, blue lights, etc.) Yes / No (circle one) if so, give details. _____

Describe the exact wording and actions of the FIRST officer who approached your window (i.e. did he/she take your license first, ask questions first, put a breath tester in your mouth first, ask you to look at and follow his/her finger, etc.) _____

Were you stopped and questioned more than once while "in line"? Yes/No (circle one)

Were you stopped by a "chase" car after turning around before roadblock (U-turn) or turning into a driveway, parking lot or down a side street? Yes / No (circle one) If so, give details why you turned around or failed to go through the roadblock and describe where you were trying to go: _____

(16) AUTOMOBILE YOU WERE DRIVING

Make _____ Model _____ 2Dr/4Dr/wagon/van/pickup (circle one)

Owner of vehicle: _____

When the officer first came in contact with your car, what was occurring? I was:

(CIRCLE ALL THAT APPLY)

Stopped, in car-awake Yes / No. Stopped, out of car Yes / No. Stopped, inside car-asleep Yes / No. Wreck, unconscious Yes / No. Wreck, outside of car Yes / No. Wreck, left the scene Yes / No.

Other _____

Radio: On / Off: Windows: Up / Down: Head Lights: On / Off: Changing Lanes? Yes / No. Were you smoking? Yes / No: Were you in a conversation with a passenger? Yes / No: Adjusting the radio? Yes / No

Were you otherwise distracted within the vehicle? Yes / No If so, how: _____

Going straight down the road? Yes / No Turning? Yes / No Backing up? Yes / No Stopped? Yes / No

Was all your lighting equipment properly functioning? Yes/No. Describe: _____

(17) BLUE LIGHT

Blue light used by officer? Yes/No (circle one) Siren Used? Yes/No (circle one)

Did you see the officer before blue light came on? Yes/No (circle one)

Where was officer? Coming from other direction/Following/Side of Road/ Unknown (circle one)

What speed were you traveling, or were you "stopped" or parked? _____

In what lane were you? _____

Immediately after seeing the blue light, what was the first thing you did? _____

How long (approximately) did it take you to pull over and stop once you saw the blue/red lights? _____ minutes _____ seconds. What did you think you had done wrong to attract the officer's attention? _____

In relation to your vehicle, where did the officer park the police vehicle? _____

Describe first thing you did after stopping vehicle: _____

Did you try to cover up the smell of alcohol/drugs on your breath? Yes / No. If yes, how? _____

Did you turn off the engine? Yes / No Did you turn off your lights? Yes / No

Did you turn off the radio? Yes / No Did you roll down the window? Yes / No

Did you get out of your vehicle without instruction? Yes / No At the Officer's Instruction? Yes/No

Did you have any difficulty doing any of these things? Yes / No (circle one)

(18) DRIVER'S LICENSE AND INITIAL CONTACT BY THE OFFICER

Where was your license when you first began looking for it? Please describe in detail _____

Did you get it "ready" before the officer asked for it? Yes / No (circle one)

If you did not have your "plastic" license in your possession at the time of the "stop", give details about where the license was, and why it was not in your possession: _____

Any restrictions on your license? _____

If so, were these restrictions being complied with when stopped? _____

What were the officer's first words to you when he/she encountered you? Be Exact _____

What did you say in response? _____

Other conversation between you and the officer: _____

Were there any witnesses to this conversation? Yes/No (circle one) If ALL witnesses not previously listed, list them here (Names, addresses and phone number): _____

Did officer comment on your **breath "smelling like alcohol/drugs"**, or similar words? Yes/No

Were any containers of alcohol/drugs visible to the officer as he/she observed from outside your vehicle? Yes/No/ Not Certain (circle one). If so, what type and were they full and unopened, partially full (seal broken) or empties: _____

Did the officer confiscate containers, to use as "evidence" against you? Yes/No/Not Certain (circle one)

Was any other suspicious or illegal item or items (i.e. knife, guns, rolling papers, bong, marijuana pipe, medication bottles or "roaches"?) visible from outside your vehicle when the police approached? Yes / No (circle one) If so, give details _____

(19) CONVERSATION BEFORE (OR IN CONNECTION WITH) ARREST

When (if ever) did the officer say, "You are under arrest" (or similar words to indicate that you were not free to leave) or otherwise indicated by his actions (example: taking your license and not returning it) that you could not "just walk away" from the scene? _____

Were you questioned by any other officer(s) after this "time of obvious detention"? Yes/ No /N/A (circle one) If so, give specific questions, answers and other details: _____

At the time of these questions being asked, had the officer already take your license (or other important documents) from you? Yes / No (circle one), If so, did you ever have them returned to you before his/her questions began? Yes / No (circle one)

What was your response/reaction to learning that you were going to be detained or arrested? _____

What was the next thing officer said to you after you were told that you were under arrest/being detained? _____

Your response _____

Did the arresting officer ever tell you (at the scene or after you were taken in) what other offenses that he/she was charging you with? Yes/No (circle one) If so, what did the officer say? _____

If not, when did you first learn that you had been charged with this (these) offense(s)? _____

(20) INSURANCE AND REGISTRATION

Did the officer ask for "proof of insurance"? Yes/ No (circle one)

Did you produce proof of insurance it? Yes/No/Had no card (circle one)

Was the vehicle you were driving insured? Yes/No? (Circle)

In what state was the insurance issued? _____. Was it yours? Yes/No (circle one). If no, whose? _____

Did officer ask for registration papers? Yes/No (circle one). Was the vehicle registration current? Yes/No?

In what state registered? _____

(NOTE: IF CHARGED WITH "NO PROOF OF INSURANCE/REGISTRATION", PLEASE PROVIDE PROOF TO THIS OFFICE WITH THESE ANSWERS)

(21) FIELD SOBRIETY TESTS OR ROADSIDE SOBRIETY TESTS

Did the officer tell you the tests were voluntary? Yes / No (circle one) What did he tell you? _____

When (how many minutes, seconds after getting out of car) were you first requested to (told to) perform these tests? _____

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 illnesses/medications before beginning the "test" with you? Yes/No (circle one). If so, what? _____

Describe the shoes (if any) you were wearing during the tests: _____

Shoes On/Off (circle one) Were heels higher than 2 1/2 inches Yes / No (circle one). How tall? _____

Were there any street lights (or other lights) above or near your locations to illuminate the area? Yes / No (circle one) Describe the lighting in the area: _____

Were cop cars overhead rotating lights shining directly toward you? Yes/No. Describe? _____

Were cop cars spotlights shining directly in your eyes? Explain? _____

Before doing any or all these tests, did you request to call an attorney? Yes / No (circle one) If so, what were you told? _____

LIST BELOW the agility or coordination tests that you did in the order given and how you felt about them?
[NOTE: This question is not directed to any hand-held breath testing device used]

Test Type	Officer said I did <u>OK/Failed</u>	How you felt about test?
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Road or shoulder conditions where tests were given: (circle where applicable)

Level / Sloping Smooth / Rocky Wet / Dry Grass / Dirt Holes / Ruts
Wide / Narrow Windy / Calm Line to Walk / No line to Walk
Raining / Snowing Hot / Cold Glasses On / Off / N/A Contacts In / Out/N/A
Crying / Nervous / Can't Recall Traffic: Heavy / Light
Distractions? Yes / No (circle one) What? _____

People gathered? Yes/No (circle one) How many? _____

Temperature? _____ WINDY? _____ mph Moonlight? Yes / No (circle one)

Were you asked to recite the alphabet? (or part of the alphabet)? Yes / No (circle one)

Did your officer say the ABC's before asking you to? Yes / No (circle one)

Did the officer demonstrate any or all the tests before you did them? Yes / No (circle one)

If so, describe which ones and exactly what he/she did or said before asking you to perform: _____

Did cop tell you these agility tests were **100% voluntary and that you could refuse them**? Yes / No (circle one)

What compelled you or caused you to attempt to perform these *voluntary* field sobriety tests? _____

Did the officer ever indicate (in any manner or fashion) that by not taking the field sobriety tests, that you would *either* lose your license, be subjected to immediate arrest or would be convicted of DUI for refusing?

Yes/No (circle one) If so, **what exact words** or conduct were used? _____

Did you ever blow into **HAND-HELD BREATH TESTER** at the scene of the stop? Yes / No

Before having you blow into the hand-held breath tester, did the cop tell you that you could ***either refuse or agree*** to provide a sample of your breath? Yes/No (circle one) Give details: _____

If so, did you SEE or did cop tell you the reading? Yes/No; What was RESULT? _____

Were you required to "blow" more than one time into the hand-held breath machine? Yes/No (circle one) Give details, if so: _____

Did the officer ever indicate (*in any way*) that by not blowing into the hand-held breath tester that you would lose your license or be subject to arrest? Yes/No (circle one) If so, what exact wording? _____

At what point was the hand-held test given to you? Before/Midway/After (circle one) the other physical agility tests? Explain: _____

Was there any *physical or vocal* resistance by you or anyone else with the officer's arrest procedures while you were being detained or arrested? Yes/No. If so, explain fully: _____

Did you ever curse the officer or use profanity "directed" at him/her? Yes/No (circle one) If so, give details: _____

(22) ARREST

Was any one with you when you were arrested? Yes/No (circle one). If so, provide name and phone number? _____

Were you ever told you were "under arrest" or similar wording to indicate that you were going to jail? Yes / No (circle one) When, and by whom? _____

Were you told exactly why you were being arrested? Yes / No (circle one) Explain: _____

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 / No (circle one) Explain: _____

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? _____

Did you do any roadside testing after being told you were under arrest? Explain: _____

(23) EXPRESS CONSENT RIGHTS

At the time you were offered a breath/blood/urine test by the officer (not the **HAND-HELD BREATH TESTER**) were you read or advised of your express consent rights as follows:

"(Mr. or Mrs.) _____ You are required to take, complete or cooperate in completing an evidential chemical test to determine the alcoholic/marijuana content of your blood or breath. The chemical test you choose is the test you will be taking. You cannot choose a different test later. If you choose a blood test, two (2) tubes of blood will be drawn. One tube belongs to you and you may have it tested at a Health Department Certified Independent Laboratory of your choice. If you choose a breath test, two (2) breath samples will be analyzed by a certified evidential breath alcohol testing device following an approved standard operating procedure. You will not receive a breath sample to have independently tested by a certified laboratory.

If you refuse to take, complete or cooperate in completing an evidential chemical test to determine the alcohol/marijuana content of your blood or breath, your driving privilege may be revoked."

Yes/No/Not certain (circle one)

When you heard these words, did you understand these warnings, the possible penalties and consequences stated by the officer? Yes/No (circle one) If no, what did you think he/she said? _____

If your license was FROM OUTSIDE THE STATE OF COLORADO OR IF YOUR LICENSE WAS COMMERCIAL were you given any additional warnings by the officer? Yes / No (circle one). What?

If you "took breath or blood test(s)", ANSWER the following two questions:

Did you realize that you had an absolute right to refuse the State-administered test? Yes/No
Did the officer "speed read" or hurry the reading of these warnings? Yes/No (circle one) If you believed then or believe now that the reading of these advisements was deficient in any way, please give details:

Did the officer advise you that the period of your suspension of your driving privileges for a refusal to take a breath/blood/urine test was for one year? Yes/No (circle one) _____

FOR THOSE LICENSED BY ANOTHER STATE Did the officer ever make any statement to you to the effect that because you were licensed by another state, it would be in your best interest to take the State's Test? Yes/No (circle one) If "yes", give details; _____

If your driver's *license was issued by a state other than Colorado*, at time of the arrest, did the officer advise you that a refusal to submit to the State-administered test would only prevent you from being able to drive in Colorado for one year, perhaps with no impact on your license or right to drive in your home state (or any other state except Colorado). Yes/No (circle one) If "no," would knowing the truth about this have changed your decision as to whether to take the test or not? Yes/No (circle one) Explain: _____

(FOR EVERYONE, whether or not you took a test)

What were you doing (or what was "going on" around you) at the time that the officer was giving you these "express consent advisement"? Explain. _____

Did the officer take special steps to make certain that you were listening to these warnings? Yes/No (circle one) Explain: _____

At the time this advisement was given to you, had the officer told you that you were under arrest for DUI? Yes/No (circle one) Explain: _____

Did you have any reason why you would not (or could not) take any of the particular test(s) (e.g. against religion, fear of needles, etc.)? Yes/No (circle one) If yes, describe _____

(24) MIRANDA WARNINGS

Were you given your warnings at any time either oral or written? ("You have the right to remain silent. You have the right to an attorney. If you want an attorney and can't afford one, the court will appoint one for you," etc.) Yes/No (circle one) If so, by whom were these given, where were they given to you and (most important) WHEN? _____

If you refused to make a statement following those warnings, where you then ask any questions? Yes/No Explain: _____

Did you ever try to assert your right to speak with an attorney at anytime? Yes / No (circle one)
How did you assert this right not to answer questions to the officer? _____

Were you confused about what your rights were? Yes / No (circle one) _____

(25) CONVERSATION AFTER THE 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(s) when you were arrested?

Yes / No (circle one) If so describe: _____

(26) ACTIONS AFTER ARREST

Were you handcuffed? Yes/No (circle one) Front or back? _____
Did that make you mad? Yes/No (circle one) Say anything to officer? _____
DID YOU NOTICE A CAMERA IN THE POLICE CAR AFTER THE ARREST? Yes/No?
Were you fingerprinted? Yes/No _____
Did you blow into hand held breath testing device to determine level of intoxication? Yes/No, RESULT? _____

(27) OTHER PEOPLE PRESENT

Were other people present during the arrest or during the time the field sobriety tests were being given to you?
Yes/No (circle one) Who? _____
If names are not known, describe each of them to the best of you ability and where and when you encountered
this person(s): _____

Did any of them talk to you, become involved in anyway in your arrest, or test you? Yes / No (circle one) Who?

(28) CAR TOWING OR REMOVAL FROM SCENE

(Complete this section if applicable)

What happened to your car? _____
Was it towed away? Yes/No (circle one) By what towing service? _____
Were you present when it was taken (towed) from the scene? Yes / No (circle one) _____
Did the tow truck operator observe any of your “sobriety” testing? Yes / No (circle one) _____
Was your vehicle searched? Yes / No (circle one) Were you present? Yes / No (circle one) _____
Was anything removed (missing) from your vehicle or was it “ransacked”? Yes / No (circle one) _____
If so, describe in detail: _____

If you had a cellular phone available, did the officer ever offer to let you call someone to come get your vehicle
or offer an alternate towing company? Yes / No (circle one) _____
If “yes”, how long after you were “arrested” did the tow truck arrive? _____

(29) TRANSPORTATION TO HEADQUARTERS/JAIL

Describe everything that took place in route to the headquarters or the jail: Conversations (who said what,
when): _____

Did you have anything in you mouth while you were being transported to jail? (i.e. chewing gum, smokeless
tobacco, cough drops, tic-tac, cigarette, a penny, etc.)? Yes / No (circle one) What? _____

Did you ask the transporting officer any questions or talk to the person during the trip? Yes/No (circle one) If
so, what did you say? _____

What did the officer do or say during this time? (whistle, hum, etc.): _____

Were you cooperative with the officer? _____

(30) AT THE STATION/JAIL/TESTING FACILITY

What time did you arrive? Time: _____
Did you have conversation with anyone? Yes / No (circle one) Who? _____
Were you asked any health or environment contamination questions, such as “are you taking any medication”, “do you have false teeth or a bridge”, “have you been around any paint vapors or other chemicals today”, etc., before you took the State’s test? Yes / No (circle one)
If so, what were you asked, and what was your response to these questions? _____

Searched? Yes / No (circle one) Fingerprinted? Yes / No (circle one) Videotaped? Yes/No (circle one)
Was a “mug shot” taken of you? Yes / No (circle one)
Were you fingerprinted before your breath test? _____
Did you wash your hands before your breath test after fingerprinting?? If so, what type of soap? _____
Did you sign any papers? Yes / No (circle one) If so, what type of papers? _____

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? Yes / No (circle one) What was said? _____

Did any officer ask you about *prior* DUI offenses or comment that your record showed *prior* DUI(s)? Yes/No (circle one) If yes, give details: _____
Were you permitted to go to the rest room? Yes / No (circle one) When? _____
Permitted to make a telephone call? Yes / No (circle one) If “yes”, when was this permitted? _____
To whom? _____

(31) BREATH TESTS

(The next three sections should be completed by you ONLY if you were administered a breath test by the police after your arrest. If no breath test was given, skip these sections and complete Section 32 of this questionnaire)

Was the arresting officer *physically present* in the room where you were given the test, and did he/she keep you in view for at least 20 minutes at the testing facility? Yes / No (circle one)
Explain: _____

Did the arresting officer perform your breath test? Yes / No (circle one)
Was Breath test operator present when you arrived for testing? Yes / No (circle one)
Did operator *turn* on the breath machine 20 minutes before asking you to “blow”? Yes / No
Did you hear the breath machine make any computer-generated “beeps” or “chirps” before or during your testing? Yes / No (circle one) If “yes”, what do you recall hearing, and when did you hear it? _____

Did he/she or any other officer(s) in the testing room have their walkie-talkie, cell phone or portable radios on? Yes / No (circle one) Explain: _____
While in the room where the testing was being conducted, did you ever *hear or observe* an officer (any officer) use radio equipment in communication with the dispatcher or with other officers? Yes / No (circle one) If “yes”, give details: _____
Was anyone smoking in testing room prior to or during the time you were being tested? Yes / No (circle one)
How long before the testing operator begin “observing” you prior to the testing in minutes? _____
Was his observation of you **continuous** and uninterrupted? Yes/No (circle one) if no, describe _____

Did anyone ask to *look inside your mouth* before you were tested? Yes / No (circle one) If so, give details: _____

Did anyone ask you about *false teeth*, “*bridge*” work or dental plates? Yes / No (circle one) Give complete details: _____

Did you have a “*fever*” or elevated body temperature when tested? Yes / No (circle one) If so, was the elevated body temperature from hot tub/dancing/exercising/sunbathing/monthly “cycle” (women)/or other exertion (circle one) Indicate other causes: _____

Did you have any difficulty performing the breath test? Yes / No (circle one) If so, give details: _____

Did police say you REFUSED TESTING because of your inability to blow into the machine? If a repeat “blow” was required on the official sobriety breath test (not the hand-held test), was the mouthpiece changed *each time*? Yes / No (circle one) Explain _____

Were you allowed to smoke, drink water or put anything into your mouth within 20 minutes before the breath test was administered? Yes/No (circle one) If so, give details: _____

During the day, WERE YOU EXPOSED TO (i.e. did you inhale fumes or did your skin or clothing come in contact with) any type of solvents or chemicals at home or at work (e.g.: hair spray, nail polish, nail polish remover, paint stripper, paint fumes, paint thinner, brass polish, acetone-based chemicals, glue, gasoline, kerosene, turpentine, methanol, toluene, xylene, isopropanol, acetone, etc.). Yes/No/Can’t Recall/NA (didn’t take breath test) (circle one) If so, _____

How long before your arrest had you ceased using/last been exposed to the chemicals or fumes? _____

Had you eaten a sandwich or light bread shortly before being pulled over? How long before? What kind of bread? _____

Did anyone including the police officer see the bread? _____

Did you use chewing tobacco or snuff before or at the time of driving? Yes / No/(circle one) If so, what and when? _____

Have you been diagnosed with Diabetic condition? _____

Had you used a mouthwash/throat spray/cold or cough remedies IMMEDIATELY before/after being pulled over? Yes / No/ (circle one) If so, what and when? _____

Did you leave the breath test room between your two blows? Yes / No (circle one) Describe _____

(32) CONVERSATION WITH BREATH TEST OPERATOR

Did the breath testing operator ask you any questions? Yes/No (circle one) If so, what? _____

Did the breath testing operator give you any instructions, explain how the machine worked or how you were to “blow” into the machine? Yes/No (circle one) If so, what? _____

When you gave the breath sample, was your body in an upright standing/seated position (perpendicular to the floor) or were you leaning forward to reach the mouthpiece from a sitting or standing position? Describe in detail: _____

Did you ever see the numerical reading on the breath-testing machine? Yes/No (circle one)
If so, **what was the numerical reading?** _____ Did officers comment on the “result” in anyway? Yes/No (circle one) If so, what was the statement or comment and by whom? _____

Did the breath test operator ever write anything on your citation or on your Express Consent Affidavit (i.e. breath test result)? Yes/No (circle one) If so, what did he/she write? _____

(33) BREATH TESTING ROOM LAYOUT

Diagram the layout (show room dimensions, door location, chairs, table, breath testing machine, phone, storage area, cabinets, any other appliances (e.g. microwave), rest room, booking area, exhaust fan):

Did you see any solvents or cleaners or cabinet that could hold such things present in the breath testing room? Yes/No Describe: _____

(34) BLOOD/URINE TESTS

(COMPLETED ONLY IF YOU WERE GIVEN A BLOOD OR URINE TEST BY THE POLICE,

Did you give blood/urine sample? Yes / No (circle one) Which? _____

Where were you taken to give the blood/urine test? _____

Who took you for a blood/urine test? _____

How long did this occur after time of arrest? _____

Had you already given a breath sample at station before taking a blood/urine test? Yes / No (circle one)

Did you give written consent to having this blood/urine sample taken from you? Yes / No (circle one)

What were you told by the police to obtain your consent for this sample to be taken from you? _____

Describe/name the male/female who drew (took) your blood/urine sample? _____

Were you required to sign any forms before the nurse/doctor/technician would take your blood/urine? Yes/No (circle one) If so, what? _____

FOR BLOOD SAMPLES, 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? Yes / No (circle one) If so, describe **in detail** what was done to prepare the skin. _____

FOR BLOOD SAMPLES, as the needle was removed from your arm, was a swab or cloth held over the puncture site by the person who took the sample? Yes / No (circle one) If so, describe how this was done: _____

What happened to the blood/urine sample after it was collected from you? (Be specific as possible) _____

Did the officer provide a testing kit to the person drawing/taking the blood/urine? Yes/No (circle one). If so, describe the kit and who and how it was handled: _____

Did anyone mention that the kit was expired: Yes/No. Explain _____

(35) RIGHT TO COUNSEL

Were you ever advised by anyone that you had the right to consult an attorney? Yes / No (circle one) By whom? _____
When? _____

Did you ever ask to call an attorney? Yes / No (circle one) Explain _____

Did you call an attorney? Yes / No (circle one) 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 explain why you were being denied access to legal counsel? IF SO, WHAT? _____

Who told you that you could call the 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? Yes / No (circle one) If not, or if you were delayed in being provided phone access or if your calls were limited by the police, give details: _____

Where was the phone? _____

Could you talk privately? Yes/No (circle one)

Whom did you call? Their number? _____

What did you talk about? _____

(36) SOBRIETY TESTS AFTER ARREST (AT STATION OR JAIL)

Were any agility or coordination tests administered after your arrest and transport to jail/Detox? Yes / No (circle one) If so, by whom? _____

When? _____ Where? _____

Were you advised you did not have to perform them? Yes / No (circle one) _____

Were you given Miranda warnings before you did these tests? Yes / No (circle one) _____

What agility tests (if any) were administered at the jail/Detox after you were taken into custody? _____

Test No. 1: _____

Test No. 2: _____

Test No. 3: _____

(37) FORMS SIGNED

Did you ever sign your name? Yes/No (circle one) When was the first time? _____

Next? _____

What documents did you sign and why? _____

Did you ever refuse to sign any document? Yes / No (circle one) What? _____

Why? _____

(38) VIDEO OR AUDIO TAPING

Was video or audio taping done at arrest scene or at testing site? Yes /No /Unknown (circle one)

Any clue(s) (i.e. officer mentioned it) that a tape may have been being made? Yes / No (circle one) Explain: _____

Did anyone advise you a video or audio tape was being made? Yes / No (circle one) _____

Did you see a tape recorder. Video/body camera? Yes / No (circle one) _____

(39) OTHER PEOPLE PRESENT DURING TESTING OR BOOKING

Were other people there? Yes / No (circle one) Who? _____

Conversations with anyone? Yes / No (circle one) Who? _____

What about? _____

(40) JAIL CONFINEMENT

As part of you "booking," was the question asked, "Are you presently under the influence of alcohol or drugs?" (or, "Are you intoxicated?") Yes / No (circle one) What was your response? _____

Confinement alone or with others? WHO? _____

Could he/she be a witness for you? Yes / No (circle one)

(41) RELEASE

What was your date of release? ____/____/____ at what time _____ AM/PM (circle one)

How many hours/days was the release after driving? _____

Released by yourself? Yes/No If no, were you released to someone (Bondsman, friend, family member)? Yes / No (circle one) Who? _____

Phone Number? _____

How did that person know to come to assist you? _____

Any conversation with him/her? Yes / No (circle one) What did you talk about? _____

Would he/she be a witness to your sober conduct? Yes / No (circle one) If so, give details: _____

May I contact the witness? Yes / No (circle one) Best day and time? _____

(42) ACCIDENT

(Complete only if an accident of some type occurred in connection with your DUI arrest)

One car or more than one car involved? _____

Describe accident: _____

Did the airbag go off in your vehicle? Yes / No (circle one) _____

Did you notice white powder on you or in the car? Yes / No (circle one) Please describe the dust: _____

Do you have photos of dust/exploded bags? Yes/No. **Text/email to dsshipp@me.com or 970-379-3772**

Did you ride in an Ambulance? Yes / No (circle one) How far? _____

Did the ambulance crew administer any drugs intravenously? Yes / No (circle one) What Drugs? _____

Describe your Injuries: _____

Were you in your vehicle when the officer first arrived on the scene? Yes / No (circle one)

If "no", give details of where you were in relation to the vehicles: _____

Were other persons from your vehicle there, too? Yes/No (circle one). WHO? _____

Did you admit to driving the crashed vehicle? Yes/No. _____

After the accident, did you ever leave the immediate area (for any purpose, such as call a tow truck, call police, etc.)? Yes/No (circle one) If so, give details of how long you were gone, where you went, why you left, etc.: _____

Were there any injuries/death to any other person(s)? Yes/No (circle one) If so, **full details on separate sheet.**
What happened leading up to the accident? Give details: _____

Did the officer ask you what you had to drink and when? Yes/No (circle one) What was your answer? _____

Were you given Miranda advisements before being questioned? Yes/No (circle one)
Prior to this case, had you EVER been the driver of a vehicle in which another person (passenger, person(s) in other car, pedestrian(s) were injured or killed? Yes/No (circle one) If so, give details: _____

Were you admitted to hospital? Describe _____
Did police contact you in hospital? Describe IN DETAIL. _____

(43) SPOUSE/FIANCÉE/PARENT/LIVING PARTNER'S ATTITUDE

Does spouse (Fiancée/parent/living partner, etc.) know about your arrest? Yes/No (circle one)
Is she or he angry or supportive of you? _____
What are her/his comments? _____

Can this person be counted upon for financial support? Yes/No (circle one)

(44) DRIVING AND CRIMINAL RECORD

Have you had a prior DUI/DWAI in your LIFETIME---ANYWHERE? Yes/No (circle one)
If so, when? _____ City _____ State _____
Court which handled case: The _____ Court of _____
Any other DUI convictions (including *nolo contendere* plea) during your lifetime, anywhere? Yes/No (circle one) {NOTE: *the prosecutor will have this information, and I must know the entire history to be able to properly analyze your chances at trial.*}
If any other DUI offenses anywhere, list all below, including court, city, state, and date (month and year) of arrest: _____

Represented by an attorney? Yes/No (circle one) If so, by whom? _____
Plea: _____ Trial? Yes/No (circle one) Result? _____
What court? _____ Judge's name _____
Presently on probation for prior DUI/DWAI? Yes/No (circle one)
On probation for any offense(s)? Yes/No (circle one) If so, give details: _____
Ever involved in an accident involving death or serious injury regardless of whether DUI involved? Yes/No (circle one) If so, fully state the circumstances: _____

Was your license under suspension anywhere when arrested in this case? Yes/No (circle one) Give details: _____

Prior Driving Suspension (whether in effect now or not)? _____

Prior SERIOUS Traffic Violations (racing, attempting to elude an officer, hit and run, leaving the scene of an accident, etc.) (Show offense(s) below and approximate date(s) of occurrence)? _____

Prior MINOR Traffic Violations (show offense(s) in last 24 months)? _____

Prior criminal record of any type (not already mentioned), especially alcohol-related or drug-related charges, such as “underage possession of alcohol”, “open container violation”, “possession of marijuana”, “public intoxication”:

(45) OTHER ATTORNEYS

Prior to coming to me for legal assistance, did you consult with any other attorney(s) about the present DUI case? Yes/No (circle one) If so, with whom did you consult?

Do you understand what 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? Yes/No (circle one)

(46) REFUSAL OF THE STATE’S BREATH, BLOOD OR URINE TESTS

(Complete ONLY IF you REFUSED to submit to the State’s breath or blood tests as requested.)

What actions were taken, or statements were made by police officer prior to your refusal to take the state’s test(s)?

Why did you refuse (or why did the officer claim that you refused) the state’s test(s)?

In what way (or with what words or conduct) did you (allegedly) refuse to take the state’s test(s)?

Were you aware that your license (or privilege to drive on Colorado highways) would be suspended for one year by administrative action (Department of Motor Vehicles) for refusing to submit to the state’s test(s)? Yes/No (circle one)

Did you believe you could get a “work permit” if your license was suspended for a refusal? Yes/No (circle one). Why?

(For first offenders---persons with no DUI convictions) At the time of your arrest did you mistakenly believe (based upon the officer’s wording to you) that you would get the same or worse penalty (suspension of one year or more) if you took the test and failed, as if you refused it? Yes/No (circle one) If “yes”, elaborate:

At the time that you refused the state’s test(s), had the officer(s) done anything to frighten you or say anything to offend you to such a degree that you were unwilling to cooperate with them? Yes/No (circle one) If so, explain:

Were you suffering any pain, discomfort or other physical or mental impairment which would have justified your refusal of (or explained your refusal of) the state’s test(s)?

(47) OTHER CHARGES FROM SAME INCIDENT

(IF YOU WERE CHARGED WITH ANY OTHER OFFENSES OR CRIMES, GIVE THE FOLLOWING INFORMATION ON EACH SEPARATE OFFENSE.)

1. Offense:

Describe the driving or activities that led to this charge made against you:

Were you aware that you committed this offense? Yes/No (circle one)

If "no" give details to explain: _____

Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes / No (circle one)
Explain: _____

2. Offense: _____
Describe the driving or activities that led to this charge made against you: _____

Were you aware that you committed this/these offense? Yes/No (circle one)
If "no" give details to explain: _____

Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes/No (circle one)
Explain: _____

3. Offense: _____
Describe the driving or activities that led to this charge made against you: _____

Were you aware that you committed this offense? Yes/No (circle one)
If "no" give details to explain: _____

Any witnesses or evidence relating to this offense that supports your claim of innocence? Yes/No (circle one)
Explain: _____

(48) OTHER MATTERS

If you want to bring anything to our attention but have not previously done so, please do it here.

IMPORTANT NOTE: When returning these forms, if you have not supplied me with copies of the following, please do so.

1. All **traffic citations** (summons) that you received after being arrested.
2. Any **accident report** from the case.
3. Any **incident report** from the case.
4. Any **bond forms**.
5. Any personal items **inventory forms** (jail intake or documents received)

6. **Tow company receipt/records.**
7. **The license revocation form.**
8. Any **previous DUI offense records** that are in your possession.
9. Notice of **driving license revocation.**
10. **DMV Request for hearing**, temporary drivers permit.
11. **Notice of DMV Hearing** letter.
12. All **Discovery** provided you by District Attorney.
13. **DMV rom/police video/photos** of arrest.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FORGOING INFORMATION IS TRUE AND CORRECT.

NAME

DATE