

MATNEY LAW, PLLC

13195 Warwick Blvd., Suite 2B
Newport News, VA 23602
www.MatneyLawPLLC.com

757-968-5636 office
757-968-5654 fax
mark@matneylawpllc.com

DUI QUESTIONNAIRE

Court City/County: _____ Date of Incident: _____

(1) NAME AND ADDRESS

Name: _____ Age: _____

DOB: _____ Birth Place: _____ Last 4 SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Cell: _____ Work: _____ Home : _____

e-mail address: _____

How were you referred to our office? _____

(2) LICENSE

Driver's License No.: _____ State: _____

Date Of Issue: _____ Expiration Date: _____

Current Restrictions? Yes/No If Yes, explain: _____

Restrictions at time of arrest? Yes/No If yes, explain: _____

Do you plan to change your license within the next year? _____

Do you have a commercial license? _____ Do you drive emergency vehicles? _____

(3) EMPLOYMENT

The Virginia Code permits a restricted license for Employment.

Employer: _____

Employer Address: _____

Job Title: _____ How Long? _____

Job Duties: _____

Use car for employment? Yes/No (Circle One) Use employer's vehicle? Yes/No (Circle One)

When do you leave home? _____ When do you arrive at work? _____

When do you leave work? _____ When do you arrive at home? _____

Days of the week you work: _____

Do you drive as part of your work? _____

Do you have a security clearance? _____

Are you required to drive on any military bases? _____

If you are in the military will you be deployed in the next 12 months? _____

Would a conviction affect your employment? _____

(4) EDUCATION

The Virginia code permits a restricted license to attend school.

High School: _____ Last Year Attended: _____ Graduated? Yes/No

College and Major: _____ Degree attained? _____

Graduate School and Major: _____ Degree attained? _____

Technical School / Special Training? _____ Certification? _____

Recognition In School: _____

(5) FAMILY

The Virginia Code permits a restricted license for the care of children, household members, and elderly or ill parents.

Married/ Single/ Divorced/Widowed/Separated

Spouse's Name: _____ Date of Marriage: _____

Spouse's Employer: _____

Does your spouse know about arrest? Yes/ No Is she/he supportive of you? Yes/ No

Do you have minor children who live with you or with whom you have visitation rights? Yes/No

a. Child's Name: _____ Age: _____

School: _____ Lives with you? _____ Custody order? _____

b. Child's Name: _____ Age: _____

School: _____ Lives with you? _____ Custody order? _____

c. Child's Name: _____ Age: _____

School: _____ Lives with you? _____ Custody order? _____

Do you drive your children to or from school? Yes/No Daycare? Yes/No Doctors? Yes/No

If yes, then provide a list of addresses for schools, daycare, and doctors.

Do any of your children have any special medical needs? Yes/No

If Yes, please describe: _____

Parents or Step Parents:

Father's Name: _____ Living? Yes/No

Address: _____

Employer: _____ Health issues? _____

Mother's Name: _____ Living? Yes/No

Address: _____

Employer: _____ Health issues? _____

(6) MILITARY HISTORY

If yes, please provide a notebook of all honors and evaluations.

Branch: _____ Date of Entry: _____

Date of Discharge: _____ Type of Discharge: _____

Rate/Rank: _____ Honors, Recommendations: _____

Special Training: _____

Locations served: _____

(7) COMMUNITY INVOLVEMENT

This information assists in mitigation.

Church Membership / Civic Organizations / Volunteer Work / Hobbies / Sports:

Attend / Participate regularly? Yes/ No How often? _____

Offices held: _____

Awards / Recognition: _____

(8) VEHICLE DRIVEN WHEN STOPPED

Make: _____ Model: _____ 2Dr / 4Dr

Year: _____ Manual/Automatic Color: _____

Owner of Vehicle? _____

Radio: On/Off Windows: Up/Down Brake: On/Off

Tail Lights: On/Off Head Lights: On/Off

Last date of repair/inspection of the vehicle: _____

Were you experiencing any problems with your vehicle? Yes/No

Identify any vehicle problems and witnesses: _____

(9) HEALTH

Please provide details, including whether or not you have seen a doctor for the particular condition. We may need to order medical records to help in the defense of your case. Medical issues can affect your appearance, field sobriety tests and breath/blood tests.

PLEASE NOTE: We need complete contact information for relevant health care providers and the dates of service in order to obtain the necessary medical records.

Weight: _____ Height: _____

Please describe any issues you have experienced with any of the following health issues:

Speech Impairment, Hearing Loss, Inner Ear Problems, Asthma, Diabetes, Gastric bypass, Dizziness, Allergies, Eye Issues, Gum Surgery or Problems, Gingivitis, Joint problems, Arthritis, Stomach, GERD, Acid Reflux/Heartburn, Liver, Lungs/Breathing, Shortness of Breath, Walking, Standing, Legs, Feet, Ankles, Knees, Hips, Recent Surgery, Psychiatric / Mental Health

Describe any condition or treatment received related to issues identified in the foregoing list. Include contact information for treating physicians or hospitals, dates of service, and whether the condition affected you on the day you were arrested.

List any medications you took during the 48 hours before you were arrested and explain the purpose of each medication:

List any medications you started taking after you were arrested and explain the purpose of each medication:

Do you smoke? Yes/No If Yes, how much? _____

List the doctors who have treated you for any issues you have identified:

a. Doctor's Name: _____

Address and Telephone Number: _____

Dates and Type of Treatment: _____

b. Doctor's Name: _____

Address and Telephone Number: _____

Dates and Type of Treatment: _____

c. Doctor's Name: _____

Address and Telephone Number: _____

Dates and Type of Treatment: _____

(10) ALCOHOL

Favorite Alcoholic Beverage: _____ Age first used alcohol: _____

How much does it take for you to feel effects? _____

How much is too much for you? _____

How does alcohol affect you? _____

Ever been drunk? Yes/No Alcoholics Anonymous? Yes/No Problems with alcohol? Yes/No

Previous substance abuse treatment? Yes/No If Yes to any of these questions, please explain:

How often do you consume alcohol? _____

How much do you normally drink? _____

How does that quantity usually affect you? _____

(11) PRIOR CONVICTIONS

Please be forthright. The court and the prosecutor will have records.

Prior DUI? Yes/ No How many? _____

When? _____ Where? _____ Attorney? _____

Circumstances: _____

Habitual Offender Convictions? Yes/ No

Prior Driving Suspension? _____

List all other traffic violations? _____

Please list all criminal convictions you have ever had, including year and location:

(12) EVENTS OF THE DAY OF ARREST

Date Arrested: _____ Day of Week: _____

Sleep the night before? Yes/No How Long? _____

How many hours of sleep did you have the night before the arrest? ____ How many hours of sleep do you normally have? _____

Breakfast: What: _____

When / Where: _____

Lunch: What: _____

When /Where: _____

Dinner: What: _____

When/Where: _____

Describe your activities in detail from the time you woke up until you were arrested: (Write on the back of this page if necessary.)

Where did you intend to go when arrested? _____

Where were your keys? _____

Was car door locked? Yes/No Difficulty putting key in lock? Yes/No

Where parked? _____ Parking brake on? Yes/No

Difficulty putting key in ignition? Yes/No Drive in reverse before you went forward? Yes/No

Who did you last talk to before the arrest? _____

Address: _____ Phone: _____

(13) ALCOHOL CONSUMPTION ON THE DAY OF ARREST

1. Where were you when you started drinking? _____

When did you arrive? _____ When did you leave? _____

When did you begin drinking? _____ When did you stop drinking? _____

Number of drinks at this location: _____ Type of drinks: _____

If mixed drinks, who prepared the drinks? _____

Witnesses at this location? _____ Receipt? _____

List all food eaten while there: _____

2. Second location? _____

When did you arrive? _____ When did you leave? _____

When did you begin drinking? _____ When did you stop drinking? _____

Number of drinks at this location: _____ Type of drinks: _____

If mixed drinks, who prepared the drinks? _____

Witnesses at this location? _____ Receipt? _____

List all food eaten while there: _____

3. Third location? _____

When did you arrive? _____ When did you leave? _____

When did you begin drinking? _____ When did you stop drinking? _____

Number of drinks at this location: _____ Type of drinks: _____

If mixed drinks, who prepared the drinks? _____

Witnesses at this location? _____ Receipt? _____

List all food eaten while there: _____

How much alcohol did you consume in the 60 minutes before you began driving?

How much alcohol did you consume in the 10 minutes before you began driving?

(14) POSSIBLE WITNESSES (friends, passengers, server, bartender, etc.)

PLEASE NOTE: We must have the full names and addresses at least two weeks before your court date in order to request subpoenas for witnesses.

1. Name _____

Address _____, Telephone _____

Was he/she drinking? Yes/No If yes, how much? _____

What can this witness testify to? _____

2. Name _____

Address _____, Telephone _____

Was he/she drinking? Yes/No If yes, how much? _____

What can this witness testify to? _____

(15) ROUTE DRIVEN

What route did you follow from your last location to the place where you were arrested?

Traffic conditions: _____

Stop Lights? Yes/No How Many? _____

Weather: _____

(16) ROADBLOCK (Skip if no roadblock in your case)

Was the arrest at a roadblock or checkpoint? Yes/No

How far ahead did you see it? _____ How many cars in front of you? _____

How long did you wait in line? _____ Were you given any advance notice? Yes/No

Was there a sign? Yes/No Was the area lighted? Yes/No Flares? Yes/No

How many police cars and police officers did you see? _____

Were the officers wearing safety vests? _____

How long did you stay there prior to being transported? _____

(17) ACCIDENT (Skip if no accident in your case)

Were you involved in an accident? Yes/ No Were other vehicles involved? Yes/ No

Did airbags deploy? Yes/No

Describe the accident: _____

Did you speak with anyone else involved in the accident? If yes, describe the conversation:

Use the back of this page to draw a diagram of the accident scene if applicable.

Did the officer ask when the accident occurred? Yes/No

Did the officer ask if you consumed any alcohol after the accident? Yes/No

Did the officer ask when you last consumed alcohol? Yes/No

What did you tell the police about the accident? _____

Did the officer interview other people involved in the accident or other witnesses? Yes/No

Describe any injuries to you or others who were involved: _____

Was anyone transported from the accident scene by an emergency vehicle? Yes / No

(18) BLUE LIGHT

Was a Blue Light used to stop you? Yes/No Siren Used? Yes/No

When did you first notice emergency lights? _____

Where was the officer? Following my vehicle / Side of Road / Approached my parked vehicle

What speed were you traveling? _____ What lane were you in? _____

Immediately after the blue light, what was your first response?

What did you think you had done to attract the officer's attention?

What did the officer tell you about why he/she stopped you? _____

Where did you stop your car? _____

(19) CONTACT WITH POLICE

Did you turn off ignition? Yes/No

Did you turn off lights? Yes/No

Did you turn off radio? Yes/ No

Did you roll down window? Yes/No

Did you get out of car? Yes/No

Difficulty doing any of these things? Yes/No

Did you get your license/registration ready before the officer asked for them? Yes / No

Did you have to "fumble through" your wallet or glove compartment to find them? Yes / No

(20) CONVERSATION BEFORE ARREST

What was the first thing said to you? _____

Your Response: _____

Please describe in detail the conversation between you and the police at the scene of the arrest:

Did you tell officer that you had been drinking? _____ How much? _____

Did he ask when you had your first drink? _____ Last drink? _____

Was your vehicle searched? Yes/No If yes, was anything seized? Yes/No

If yes, what was seized and where was it located? _____

Were you personally searched? Yes/No If so, was anything seized? Yes/No

If yes, what? _____

Did you know it was there? Yes/No

(21) PASSENGERS

Were there any passengers in your car? Yes/No Were any passengers minors? Yes/No

Identify any passengers as Witnesses in the Witness section of this Questionnaire.

Would the passenger(s) be willing to testify on your behalf? Yes/No

What would they be able to testify to? _____

Did the police speak with the passenger(s) or obtain a statement? Yes/No

Was a passenger allowed to drive your vehicle? Yes/No If yes, who? _____

If not, what happened to your car? _____

(22) FIELD SOBRIETY TESTS

Did the officer ask you to perform any coordination or sobriety tests? Yes/No

Did you agree to perform tests? Yes/No Did the police threaten or coerce you? Yes/No

What type of shoes were you wearing? _____

Did you do tests with shoes on or off? _____

Describe the lighting in the area: _____

Describe the location where the tests were given:

Level/Sloping Smooth/Rocky Wet/Dry Grassy/Dirt

Wide/Narrow Windy/Calm Cars passing? Yes/No

Emergency lights on? People Gathered? Yes/No Distractions? Yes/ No

What? _____

Weather: _____

Temperature: _____

List the **FIELD SOBRIETY TESTS** that you performed in the order they were conducted:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

How did you feel? _____

Did the officer demonstrate the tests before you did them? Yes / No

Did the officer advise you how the tests would be scored or graded? Yes / No

What, if anything, did the officer say about the need for field sobriety tests?

Why did you perform field sobriety tests? _____

COMPLETE THE ANSWERS FOR EACH TEST YOU PERFORMED:

(23) ALPHABET (ABC's)

Performed? Yes / No

From what letter? _____ To what letter? _____

Did the officer demonstrate the test? Yes/No

What, if anything, do you think you did wrong? _____

(24) COUNTING

Performed? Yes / No

Starting number? _____ Ending number? _____

Were you told how your performance would be scored? Yes/No

What, if anything, do you think you did wrong? _____

(25) FINGER-THUMB TAP

Performed? Yes / No

(Touching thumb to each finger in sequence while counting 1-4, 4-1)

Did the officer demonstrate the test? Yes / No

What were the officer's instructions?

What, if anything, do you think you did wrong? _____

(26) FINGER TO NOSE TOUCH

Performed? Yes / No

Did the officer demonstrate the test? Yes / No

What were the officer's instructions? _____

Were you told to TILT YOUR HEAD back? Yes/No

What were you told about your eyes? EYES OPEN / EYES CLOSED

What, if anything, do you think you did WRONG? _____

(27) HORIZONTAL GAZE NYSTAGMUS:

Performed? Yes / No

(Checking eyes for involuntary movement by moving a stimulus in front of eyes.)

Were you wearing CONTACT LENSES or GLASSES during the test? Yes / No

Have you ever suffered a concussion? Yes/No If yes, when? _____

Did you take any medication during the day before the test? Yes / No

What precisely were the officer's instructions? _____

(28) WALK AND TURN (Heel to toe)

Performed? Yes / No

Did the officer ask if you had any conditions that affect your balance or that would prevent you from being able to walk heel to toe (i.e. foot, ankle, knee, leg, hip, back or inner ear condition)?

Yes / No How did you answer the officer? _____

Did the officer demonstrate the test? Yes / No

Did the officer EXPLAIN the test? Yes / No

Did the officer ask if you UNDERSTOOD the instructions? Yes / No

Was there a DESIGNATED LINE? Yes / No

Was there an INSTRUCTION PHASE during which you were told to stand in a heel/toe position while the exercise was explained and demonstrated? Yes / No

HOW MANY STEPS were you told to take on the way out? _____ On the way back? _____

Were you told to actually TOUCH HEEL TO TOE while walking? Yes / No

Were you told HOW TO TURN? Yes/No Was it demonstrated? Yes / No

What were you told to do with your ARMS and EYES while walking?

Were you told to COUNT OUT LOUD each step? Yes / No Did you? Yes / No

9 STEP WALK AND TURN (8 CLUES / 2 FAILS = 68%) Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Can't balance during instructions | <input type="checkbox"/> Starts too soon |
| <input type="checkbox"/> Stops while walking | <input type="checkbox"/> Doesn't touch heel to toe |
| <input type="checkbox"/> Steps off line | <input type="checkbox"/> Uses arms to balance |
| <input type="checkbox"/> Loses balance or turns incorrectly | <input type="checkbox"/> Takes wrong number of steps |

(29) ONE LEG STAND

Performed? Yes / No

Did the officer ask if you had any conditions that could affect your balance (i.e. foot, ankle, knee, leg, hip, back or inner ear condition)? Yes / No

How did you answer the officer? _____

Did the officer demonstrate the test? Yes / No Did the officer EXPLAIN the test? Yes / No

Did the officer ask if you UNDERSTOOD the instructions? Yes / No

Were you able to keep your foot up the entire time? Yes / No If no, why not:

Did you use your arms for balance? Yes / No If yes, why?

ONE-LEG STAND (4 CLUES / 2 FAILS = 65%) Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sways while balancing (more than 6 inches) | <input type="checkbox"/> Uses arms to balance |
| <input type="checkbox"/> Hops | <input type="checkbox"/> Puts foot down |

(30) PRELIMINARY BREATH TEST (PBT):

(Hand-held breath test device usually completed before an arrest)

Did you take the PBT? Yes/No Were you told/shown the result? Yes/No

What was the result? _____

What did the officer tell you about your obligation to take the PBT? _____

Were you told you could refuse the PBT? Yes / No

Were you told a refusal of the PBT could not be used against you? Yes / No

What, if anything, were you told about the use of the PBT result in court? _____

Had you consumed any alcohol during the 20 minutes prior to taking the PBT? Yes / No

Did you have anything in your mouth when taking the PBT? Yes / No If yes, what?

(31) ARREST

Were you told you were “under arrest”? Yes / No Were you told why? Yes / No

Were you given your Miranda warning? Yes / No Were they read to you? Yes / No

When? _____ Where? _____

What did officer tell you about being placed under arrest? _____

Were you handcuffed? Yes / No

(32) OTHER PEOPLE PRESENT

Were other people present during the arrest process or field sobriety tests? Yes / No

Who? _____

If names are not known, describe them: _____

Did any of them talk to you or to the police? Yes / No

(33) CONVERSATION AFTER ARREST

Did you speak with the officer about any aspect of your case after you were placed under arrest?

If yes, what did you tell the officer? _____

Did the officer read anything to you from a piece of paper? Yes / No

(34) VEHICLE TOWING

Was your car towed away? Yes / No By whom? _____

Were you present when it was towed? Yes / No Did you speak to the tow operator? Yes / No

Did you receive a tow report? Yes / No Was anything removed from your car? Yes / No

(35) TRANSPORTATION TO BREATH MACHINE / JAIL

Describe any conversations while traveling to the breath test machine or the jail.

Complain of pain from handcuffs? Yes/ No

Ask to go to a restroom? Yes/ No

(36) AT STATION / JAIL

Arrival time: _____

How many officers? _____

Conversation with anyone? Yes / No

Who? _____

Searched? Yes / No

Fingerprinted? Yes / No

Sign any Papers? Yes / No

Did the officer make any statements about the charges to other officers? Yes / No

What? _____

Were you able to go to a restroom? Yes / No When? _____

Telephone Call? Yes / No To Whom? _____

(37) EC/IR II BREATH TEST

Performed? Yes / No

Did the arresting officer administer the breath test? Yes / No

What were you told about your obligation to take a breath or blood test? _____

Were you told there would be a sanction/consequence if you refused the test? Yes / No

What were you told the sanction would be? _____

Did the officer read from a form? Yes / No Did you understand the form? Yes / No

Did you agree to take a breath test? Yes / No

Were you told not to burp, belch, etc. for 20 minutes prior to blowing into the machine? Yes/No

What, if anything, were you told about why not burping, belching, etc. was important? _____

Did you burp, belch, etc. during the 20 minute period? Yes / No

If yes: Did the breath test operator (BTO) hear the burp, belch, etc.? Yes / No

What did the BTO do or say? _____

Was the 20 minute period started over? Yes / No

What, if anything, were you told would happen if you burped, belched, etc. again?

Did you burp, belch, etc. again? Yes / No Was it heard? Yes / No

If yes, what happened? _____

Mouth checked? Yes / No Anything in your mouth while taking the test? Yes / No
If yes, what? _____

What was the room temperature? _____

Conversation with Breath Test Operator? _____

Were other people present during the breath test? Yes / No Who? _____

Did you speak with them? Yes / No _____

How many times do you remember blowing into the EC/IR II? _____

Were you told you were not blowing into the machine correctly? Yes / No

If so, what were you told you were doing incorrectly? _____

Did the machine display an error message? Yes/No

If yes, was it: _____ Invalid Sample _____ Deficient Sample _____ Out of Tolerance

_____ Other (please explain) _____

Did the machine print a result? Yes/No What was the result? _____

Were you given a copy of all the test results? Yes / No

(38) BLOOD TEST

Blood test offered? Yes/ No When? _____

Blood test performed? Yes/No Who drew the blood? _____

Was this person a doctor or registered nurse? Yes / No

Witness? Yes / No Who? _____

(39) RIGHT TO COUNSEL

Were you ever advised you had the right to consult with an attorney? Yes/ No

By Whom? _____ When? _____

Did you ask to call an attorney? Yes/ No

Did you have the opportunity to make a telephone call? Yes/ No

Did anyone assist you with a call? Yes/ No Who? _____

Where was the phone? _____

Could you talk privately? Yes/ No Were police or deputies listening? Yes/ No

Who did you call? _____

(40) SOBRIETY TESTS AFTER ARREST

Were any physical or breath tests administered **after** you were arrested? Yes/ No

By Whom? _____

When? _____ Where? _____

Were you advised that you did not have to perform them? Yes/ No

What tests were administered and how did you do? _____

(41) FORMS SIGNED

Did you ever sign your name? Yes/ No

What documents did you sign and why? _____

(42) VIDEO

Do you know if a videotape was made of your driving, the FSTs or the breath test? Yes / No

(43) BOND HEARING

Date and Time: _____ Location? _____

Comments by magistrate? _____

How did the officer describe the case to the magistrate? _____

Bond amount? _____ Did you deposit cash? Yes / No

Did you use a bondsman? Yes / No Who? _____

Restrictions on your bond (i.e. pretrial services, no alcohol, not allowed to leave Virginia)?

Do you need to leave Virginia before the trial date? Yes / No

If yes, then please list or email your itinerary, including dates, addresses and method of travel
(airline, vehicle, etc.): _____

(44) RELEASE

Date of release? _____ Time: _____ a.m. / p.m.

Were you released on your own or to someone else? _____

If you were released to someone else, to whom were you released? _____