

# MATNEY LAW, PLLC

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## 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.

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

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

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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?

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

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**(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? \_\_\_\_\_

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2. Name \_\_\_\_\_

Address \_\_\_\_\_, Telephone \_\_\_\_\_

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

What can this witness testify to? \_\_\_\_\_

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**(15) ROUTE DRIVEN**

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

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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? \_\_\_\_\_