

CAIN AND HERREN, ALC

2141 W. VINEYARD STREET
WAILUKU, HAWAII 96793

TEL: (808) 242-9350

FAX: (808) 242-6139

EMAIL: law@cainandherren.com

OUI CLIENT QUESTIONNAIRE

THIS DOCUMENT IS ATTORNEY-CLIENT WORK PRODUCT AND IS STRICTLY
CONFIDENTIAL - FILL OUT AND RETURN AS SOON AS POSSIBLE

NAME: _____ DATE: _____

ADDRESS: _____

HOME TEL.: _____ CELL NO.: _____

EMAIL ADDRESS: _____

YOUR CLASS OF LICENSE: _____ STATE ISSUED: _____

LISC. NO.: _____ EXPIRATION DATE: _____

DO YOU HAVE A CDL LISC.? _____ IF YES, CLASS OF LISC.? _____ WHY? _____

DID THE OFFICER CONFISCATE YOUR LICENSE? (YES OR NO) _____

PRIOR CRIMINAL RECORD: _____

ANY PRIOR DUI'S? _____ IF YES, DATE(S): _____

ACTUAL CHARGE: _____ LOCATION (COUNTY & STATE) _____

DISPOSITION: _____

ARREST FOR OTHER CHARGES: _____

PRIOR DRIVING RECORD: _____

WHAT DID YOU DO DURING THE TEN (10) HOURS PRIOR TO THE TIME YOU
STARTED DRINKING: _____

DATE OF THIS INCIDENT: _____

WHEN DID YOU EAT PRIOR TO BEING STOPPED? _____

ARE YOU ON A SPECIAL DIET? _____ IF YES, WHAT? _____

TIME STARTED DRINKING: _____

LOCATION DRINKING: _____

WHAT WERE YOU DRINKING: _____

TIME OF LAST DRINK: _____

TOTAL DRINKS: _____

TIME OF STOP: _____

LOCATION OF STOP: _____

DO YOU RECALL THE NAME(S) OF THE OFFICER(S) THAT STOPPED YOU? _____

STOP BY OFFICER

REASON OFFICER GAVE FOR STOP? _____

DO YOU AGREE TO THAT REASON? _____

DID THE OFFICER INDICATE TO YOU THAT THERE WAS A VIDEO RECORDING OF THIS INCIDENT? _____

IMMEDIATELY PRIOR TO THE STOP, WAS THERE ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE? _____ IF YES, WHAT? _____

IN GENERAL TERMS, WHAT HAPPENED AFTER THE OFFICER STOPPED YOU? _____

PLEASE INDICATE WHICH OF THE FOLLOWING FIELD SOBRIETY TESTS WERE GIVEN AND THE ORDER GIVEN BY PUTTING 1,2,3 IN FRONT OF THE APPROPRIATE TEST (AND DESCRIBE BRIEFLY HOW YOU DID ON THE TEST AND ANY ADVERSE CONDITIONS: E.G. FLASHING LIGHTS, SLOPE OF GROUND, WEATHER CONDITIONS, PASSING TRAFFIC, INTERRUPTIONS AND THE LIKE)

_____ HORIZONTAL GAZE NYSTAGMUS TEST (EYE TEST)
HOW DID YOU PERFORM ON TEST? _____
ADVERSE CONDITIONS: _____

_____ WALK AND TURN
HOW DID YOU PERFORM ON TEST? _____
ADVERSE CONDITIONS: _____

_____ ONE LEG STAND
HOW DID YOU PERFORM ON TEST? _____
ADVERSE CONDITIONS: _____

_____ OTHER TESTS:
HOW DID YOU PERFORM ON TEST? _____
ADVERSE CONDITIONS: _____

ANYTHING ELSE HAPPEN AT THE SCENE THAT THEY CONSIDER SIGNIFICANT? _____

ANY QUESTIONS ASKED AT THE SCENE? _____ IF SO, WHAT? _____

DID YOU MAKE ANY OTHER STATEMENTS AT THE SCENE? _____ IF SO, WHAT? _____

WERE YOU GIVEN THE MIRANDA WARNINGS AT THE SCENE? _____ IF YES, WHEN? _____

DID YOU ASK FOR A LAWYER AT ANY TIME? _____

IF SO, AT WHAT POINT? _____

AT POLICE STATION

WHAT KIND OF TEST WERE GIVEN (BREATH, BLOOD, OR URINE?) _____

IF BREATH TEST:

- a. Did the officer offer you the ability to take a breath, blood, breath and blood, or to refuse testing? _____
- b. Did the officer provide you with paperwork indicating your choices? _____
- c. If you refused did the officer explain the consequences of your refusal? _____
- d. Did the officer provide you with any paperwork indicating the consequences of refusing to take a test? _____
- e. How long were you observed prior to the test? _____
- f. Did the officer have any trouble programming it? _____. If so, please describe _____
- g. How many officer were in the room when the breath test was administered? _____
- h. Did the officer ask you if you had any exposure to paints, glues, solvents or consumed any alcohol of solvent other than ethyl alcohol? _____

i. Test results: _____

IF BLOOD TEST:

a. Do you know who gave the blood test (usually a phlebotomist)? _____

b. How long after the arrest was the blood test administered? _____

DID THE OFFICER ASK YOU ANY QUESTIONS AT THE POLICE STATION? _____

IF YES, WHAT DID HE/SHE ASK YOU AND WHAT DID YOU TELL HIM?

WERE MIRANDA WARNINGS GIVEN AT THE POLICE STATION? _____ IF YES,

DID YOU WAIVE YOUR MIRANDA RIGHTS? _____

GENERAL HISTORY

ANY PHYSICAL DEFECTS OR LIMITATIONS THAT AFFECT THEIR BALANCE, SPEECH OR DEXTERITY? _____ IF SO, WHAT? _____

ON DATE OF INCIDENT? _____ WHAT IS WAS? _____

UNDER DOCTOR'S CARE? _____ HOW IT AFFECTS YOU? _____

DO YOU HAVE A HIATAL HERNIA? _____ DO YOU HAVE ACID REFLUX? _____

WERE YOU TAKING ANY DRUGS OR MEDICATIONS? _____

IF SO, WHAT? _____

ARE THERE WARNINGS WITH RESPECT TO THE USE OF MEDICATION WITH

ALCOHOL? _____

ANY DIABETES IN FAMILY? _____ IF SO, WHO? _____

HAVE YOU EVER BEEN CHECKED FOR DIABETES? _____

DO YOU BELIEVE THAT YOU WERE UINDER THE INFLUENCE? Yes _____ No _____

DO YOU BELIEVE THAT YOU WERE DRUNK? Yes _____ No _____

DO YOU BELIEVE THAT YOUR OPERATION OF THE VEHICLE WAS AFFECTED BY THE ALCOHOL THAT YOU CONSUMED? Yes _____ No _____

WE NEED THE PEOPLE, WHO WOULD HAVE SEEN YOU DRINKING OR WHO HAD CONTACT WITH YOU AT ANY TIME BEFORE OR WITHIN A REASONABLE PERIOD OF TIME AFTER THE ARREST TO ESTABLISH THINGS AS IT RELATES TO YOUR DRINKING AND SOBRIETY? PLEASE LIST NAME(S), ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ALL WITNESSES.

LIST ANY WITNESSES:

Name _____

Address _____

Tel. _____

Name _____

Address _____

Tel. _____

Name _____

Address _____

Tel. _____

Name _____

Address _____

Tel. _____

Name _____

Address _____

Tel. _____

Name _____

Address _____

Tel. _____

WAS YOUR LICENSE TAKEN AWAY? _____

DID YOU SPEND ANY TIME IN JAIL? _____ IF YES, HOW MUCH TIME? _____

IF YOU HAD A VALID LICENSE AT THE TIME OF THE TRAFFIC STOP, DO YOU
DESIRE TO REQUEST A PERMIT TO OPERATE A MOTOR VEHICLE? _____

DID YOU POST CASH BAIL OR DID YOU POST A BAIL BOND? IF CASH, HOW MUCH
DID YOU POST? _____ IF YOU DID NOT POST CASH BAIL
BUT CASH BAIL WAS POSTED FOR YOU, PLEASE INDICATE WHO POSTED THE
BAIL?

HOW DID YOU HEAR ABOUT US? _____ PHONE BOOK _____ WEBSITE
_____ RADIO _____ LEGAL ADVERTISEMENT _____ PPL _____ WHO? _____