



L A W O F F I C E S

SOURCE: _____ DATE FORM COMPLETED: _____
NEW CLIENT: [] PRIOR CLIENT: []

CLIENT: _____ TEL: (____) _____
ADDRESS: _____ CELL: (____) _____
ADDRESS: _____ E-MAIL : _____
SS#: _____ DOB: _____

LICENSE # & STATE: _____
EMPLOYER: _____
EMPLOYER ADDRESS: _____

May we contact you at this information? _____

INCIDENT HISTORY

ARREST: _____
(DATE) (TIME) (COUNTY)
PRELIMINARY HEARING: _____
(DATE) (TIME) (MAGISTRATE)
FIRST OFFENSE?: YES ____ NO: ____ If no, dates of all prior DUIs: _____
PREVIOUS CRIMINAL HISTORY: NO ____ YES: ____ If yes, brief history: _____
BRIEF STATEMENT OF INCIDENT: _____
ANY INJURY TO PERSON or DAMAGE TO PROPERTY? _____
B.A.C.: _____ LIST OF ALL CHARGES: _____
ANY WITNESSES: If Yes: _____

(NAME)	(RELATIONSHIP)	(TELEPHONE)
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NOTES: _____

Highway or Trafficway?:(Condos, Private Drives, etc. _____

Field Sobriety Testing

HGN: _____

PBT: _____

One Leg Stand: _____

Walk and Turn: _____

Other: _____

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Chemical Tests

Time of Driving: _____

Time of Testing: _____

Exception:

Good Cause: _____

Proof of No Imbibing: _____

Blood:

Results: _____ Adjustment for 5% _____ and
10% _____ Serum or Whole

Blood: _____

Intoxylizer or Brethalyzer:

Results: _____ Adjustment for 5% _____ and
10% _____

15% _____ 20% _____

Deviation between readings on printout: _____

Twenty Minute Waiting Period: _____

Calibration Logs and

Certificates: _____

Operator Certs: _____

DUI Checkpoint:

Preplanned: _____

Momentary Stop: _____

Pattern of Stoppages: _____

Place and Time of Many DUI Arrests: _____

Reuquirements in 535 A.2d 1035: _____

Employment Issues:

Employer: _____

Length of Employment: _____

Drive at Work: _____

Drive to Work: _____

Commercial Driver?: _____

Ambulance Drive?: _____

Nurse, Teacher, Other Medical Professional?: _____

Refusal?:

Most recent DL-26 Used?: _____

Requirements

(1) the licensee was arrested for DUI: _____

(2) by a police officer who had reasonable grounds to believe that the licensee was operating a vehicle while intoxicated,; _____

(3) that the licensee was requested to submit to a chemical test, _____

(4) that the licensee refused to do so, and _____

(5) that the police officer fulfilled the duty imposed by chemical testing statute. 75 Pa.C.S.A. §§ 1547(b): _____

Appeal Filing? File in County of Arrest if officer needs to testify, if not in County of licensee: _____

Cert Mail: ? _____

Client gets a copy to carry, Sent?: _____

Drugs Only DUI:

Must look to Com v. Etchison , 916 A.2d 1169.

Got to have expert testimony to convict of the drug related duis

Actual Physical Control:

Location of Vehicle: _____

Engine Running: _____

Keys in Ignition: _____

Position of Driver: _____

