

DUI / TELEPHONE INTERVIEW SHEET

Name: _____ Nickname: _____

Physical Address: _____

Mailing Address: _____

Telephone numbers: Home: _____ Work: _____

Fax: _____ Cell: _____

E-mail Address: _____ @ _____

Date of Incident: _____ Time of Incident: _____

Where did Incident Take Place: _____

Reason for Stop: _____

Anything Unusual: _____

Was there an Accident: YES / NO Were there injuries YES / NO

Passengers/Witnesses: _____

Arresting Agency: WCSO CCSO DCSO NHP Other: _____

Written Statement for Police: Y / N Written Statement Afterwards: Y / N

Weather: _____ CA / DMV Req w/i 10 days: Y / N

FSTs GIVEN: HGN W&T OLS MPA F2N Other: _____

of DUIs _____ Test Given: BLOOD / BREATH Result: _____

Date of Birth: ____ / ____ / ____ Driver's Lic. / State: _____ / ____

Social Security Number: _____ - _____ Bail Posted: _____ / O.R.

Fee Quoted: _____ + _____ Cashier's Check/Money Order Requested Y N

Court Date: ____ / ____ / ____ Time: _____ Court: _____

Case No: _____ Hearing Type: ARR / PTC / TRIAL

Send Paperwork: E-mail / Fax Meeting: ____ / ____ / ____ @ _____