

# CUTLER LAW OFFICE, P.A.

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## DUI INFORMATION SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Do you have a CDL license? \_\_\_\_ If yes, class of license? \_\_\_\_ Why? \_\_\_\_\_

State where you are licensed at: \_\_\_\_\_

Did the officer confiscate your license? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Prior criminal record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any prior DUI's? \_\_\_\_ If yes, date: \_\_\_\_\_ Actual charge: \_\_\_\_\_

Location(State and County): \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

Arrest for other charges: \_\_\_\_\_

\_\_\_\_\_

Prior driving record: \_\_\_\_\_

\_\_\_\_\_

Have you had a withheld judgment? \_\_\_\_\_

Grade Level Reached: \_\_\_\_ Grad.HS: Yes \_\_\_\_ No \_\_\_\_ Years of College: \_\_\_\_ Degree Earned: \_\_\_\_

**PRE STOP**

What did you do during the ten (10) hours prior to the time you started drinking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location(City and County): \_\_\_\_\_

How much sleep had you had in the 24 hours prior to arrest? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, what? \_\_\_\_\_

Time you started drinking: \_\_\_\_\_

Location of drinking: \_\_\_\_\_

What where you drinking? \_\_\_\_\_

Time of last drink? \_\_\_\_\_

Total drinks: \_\_\_\_\_

Names and addresses of others who witnessed your drinking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are of these people willing to testify to your sobriety that night? \_\_\_\_\_

Time of stop: \_\_\_\_\_

What law enforcement agency stopped you? (e.g. Idaho State Police, County Sheriff or City Police, specify name of agency). \_\_\_\_\_

**STOP BY OFFICER**

Give a brief description of the facts leading up to the stop by the officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason officer stopped you? \_\_\_\_\_

Do you agree with that reason? \_\_\_\_\_

Was there any law violation justifying the stop? \_\_\_\_\_ If yes, what? \_\_\_\_\_

In general terms, what happened after the officer stopped you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you say to the police officer and what did they say to you? What questions did the officer ask you? **It is important that you answer this in detail.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were Miranda warnings (i.e., you have the right to remain silent, anything you say can and will be used against you...) given to you, and if so, when? What had you told the police prior to the warnings? After the warnings? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there was another vehicle involved in this incident, what conversation did you have with the driver or passenger of the second or third vehicle? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other statements made by you to others, when given and to whom? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any passengers in your vehicle when you were stopped? Before you were stopped? (Give all details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you involved in an accident? If so, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the officer making the arrest observe your behavior? \_\_\_\_\_

Was your vehicle searched? \_\_\_\_\_ Were you searched? \_\_\_\_\_ State any property taken from your vehicle \_\_\_\_\_

Please indicate which of the following field sobriety tests were given and the order by putting 1,2,3 in front of the appropriate test (**describe briefly how you did on the test and any adverse conditions, e.g. flashing lights, slop of ground, weather conditions, passing traffic, interruptions and the like**)

\_\_\_\_\_ Horizontal gaze nystagmus test (eye test)  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_\_\_ Walk and Turn  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_\_\_ One Leg Stand  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_\_\_ Alphabet  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_\_\_ Counting Test  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_\_\_ Other Tests:  
How did you perform on this test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

Anything else happen at the scene that the officer considered significant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any questions asked at the scene? \_\_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there other Officers involved in this incident? If so Who? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTING**

What kind of tests were you given (breath, blood, or urine)? \_\_\_\_\_

If no test was given, please state why and give the reason you refused? \_\_\_\_\_  
\_\_\_\_\_

Did the same officer administer the test? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, who administered the alcohol test? \_\_\_\_\_

**IF BREATH TEST WAS GIVEN:**

- a. How long were you observed prior to the test? \_\_\_\_\_
- b. Did you have anything in your mouth (gum, chew, tongue ring)? \_\_\_\_\_
- c. Did the officer check your mouth? \_\_\_\_\_
- d. Do you remember burping or belching before the test? \_\_\_\_\_
- e. Anything unusual happen with respect to the breath test? \_\_\_\_\_
- f. Did the officer have trouble programming it? \_\_\_\_\_ If so, please describe \_\_\_\_\_
- g. How many officers were in the room when the breath test was administered? \_\_\_\_\_

**IF BLOOD TEST WAS GIVEN:**

- a. Do you know who gave the blood test (usually phlebotomist)? \_\_\_\_\_
- b. How long after the arrest was the blood test administered? \_\_\_\_\_

Did the officer ask you any questions at the jail/hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what did he ask you and what did you tell him? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Were Miranda warnings given at the jail/hospital?  Yes  No If yes, did you waive your Miranda rights?  Yes  No \_\_\_\_\_

Were you advised of your right to take another test? \_\_\_\_\_

### GENERAL HISTORY

Any physical defects or limitations that affect your balance, speech or dexterity?  Yes  No If so, what? \_\_\_\_\_

On date of incident? \_\_\_\_\_

Are you under a doctor's care? \_\_\_\_\_

Do you have a hiatal hernia?  Yes  No Do you have acid reflux?  Yes  No

Were you taking any drugs or medicine?  Yes  No If so, what? \_\_\_\_\_

Any diabetes in your family?  Yes  No If so, who? \_\_\_\_\_

Have you been checked for diabetes? \_\_\_\_\_

Do you have diabetes?  Yes  No

Do you have false teeth or plates? \_\_\_\_\_

Do you believe you were under 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

Do you have a speech impairment caused by a medical problem? \_\_\_\_\_

Do you wear false teeth? \_\_\_\_\_

Do you have a heart disease? \_\_\_\_\_

Were you ill (high fever) at the time of the offense? \_\_\_\_\_

Do you have any other medical problem that would influence your physical condition at the time of your arrest? \_\_\_\_\_

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Was your stomach upset on the night in question? \_\_\_\_\_

Was it possible your stomach could have been upset, causing you to belch? \_\_\_\_\_

How were you dressed at the time of the alleged offense? \_\_\_\_\_

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What were the colors of your clothes? \_\_\_\_\_

What type of footwear were you wearing? \_\_\_\_\_

Were your clothes soiled or clean? \_\_\_\_\_

Did you or do you wear glasses? If so, what is your corrective reading? \_\_\_\_\_

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How many hours had you worked prior to the arrest? \_\_\_\_\_

### CONDITION OF CAR & ROAD

Steering mechanism: Last date of repair or examination of vehicle by auto repair shop \_\_\_\_\_

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Were there any mechanical defects in your car? \_\_\_\_\_

Weather and road conditions: blacktop road \_\_\_\_\_ dirt road \_\_\_\_\_ pavement \_\_\_\_\_ dark \_\_\_\_\_  
light \_\_\_\_\_ foggy \_\_\_\_\_ rainy \_\_\_\_\_ sleet \_\_\_\_\_ hail \_\_\_\_\_ snow \_\_\_\_\_ drizzle \_\_\_\_\_ slippery \_\_\_\_\_  
normal \_\_\_\_\_ wet \_\_\_\_\_ dry \_\_\_\_\_

What would you like to see happen with respect to the pending charge? (Dismissed, reduced, etc.) \_\_\_\_\_

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**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 the name(s), address(es) and telephone number(s) of all witnesses.**

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Did you spend any time in jail? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much time? \_\_\_\_\_

