

# THOMPSON, THOMPSON & GLANVILLE, PLC

ATTORNEYS AT LAW

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## DRUNK DRIVING INTERVIEW FORM

Client's name: \_\_\_\_\_

Charges: \_\_\_\_\_

Referral/How did you hear about us: \_\_\_\_\_

Do you prefer to have invoices sent to you via: Email First Class Mail Both (circle one)

### A. CLIENT'S BACKGROUND

Address (if apartment or room, include number): \_\_\_\_\_

Phone (or phone at which you can be reached and name of person there): \_\_\_\_\_

Email: \_\_\_\_\_ Okay to Email copies of documents/letters? Yes No

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Driver's License Number, State, Valid/Invalid? \_\_\_\_\_

Do you have a Commercial Drivers' License? \_\_\_\_\_

Highest Level of Education Completed (Include any Trade School): \_\_\_\_\_

Military Experience: \_\_\_\_\_

Present employment (separate notation of each employer if more than one):

Name and address of employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of business: \_\_\_\_\_

Your job designation: \_\_\_\_\_

Your type of work: \_\_\_\_\_

Employed since: \_\_\_\_\_

Wages or salary: \_\_\_\_\_

Manner of transportation to and from work: \_\_\_\_\_

Work schedule (i.e., hours required for restricted license, if one is granted): \_\_\_\_\_

Do you have any physical or mental disabilities? If so, explain.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been found mentally incompetent by a court?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever received drug or alcohol treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently taking any medication?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what medication are you taking? \_\_\_\_\_

Do you have a concealed weapons permit?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**B. CRIMINAL/DRIVING RECORD**

Prior criminal record (all arrests, from latest to earliest, *including pending charges besides the current case, including juvenile arrests*, and in all jurisdictions): \_\_\_\_\_

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At the Time of this Arrest, Were You on Probation or Parole, under Any Pending Charges, or Wanted for Arrest on Other Charges in Any Jurisdiction?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Driving Record/Offenses, Accidents, Penalties, Points (and dates)? \_\_\_\_\_

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**C. THE STOP**

Please describe what the officer said about why your car was stopped, and also why you believe your car was *really* stopped by the police (if different). \_\_\_\_\_

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Witnesses to the stop or other parts of case (indicate if immediate contact is advised for any reason): \_\_\_\_\_

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**D. ALCOHOL CONSUMPTION**

Please describe how much, if any, and over what time period, you had to drink prior to the arrest: \_\_\_\_\_

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**E. FIELD SOBRIETY TEST**

Were you asked to perform any sobriety tests? (i.e., ABCs, heel to toe) (If so, how did you perform?) \_\_\_\_\_

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Type of ground surface, roadway, lighting and conditions of the place where field sobriety tests were conducted? \_\_\_\_\_

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Did you blow into any hand-held devices or PBTs (preliminary breath testers) at any time, and what was that test result? \_\_\_\_\_

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How many times did you blow into a PBT? \_\_\_\_\_

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Did you have anything in your mouth when you blew into the PBT? \_\_\_\_\_

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Did the officer observe you for fifteen minutes prior to you blowing into the PBT?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

## **F. THE ARREST**

Please describe who, what, why, when, where and how you were arrested. \_\_\_\_\_

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## **G. SEARCHES**

Were you asked to give permission for the search of any place or thing?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Did the police search anything? What did they find? Describe. \_\_\_\_\_

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## **H. POLICE QUESTIONING**

Did the police ask you any questions? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Did you tell the police anything? \_\_\_\_\_ Yes

\_\_\_\_\_ No

What, in detail: \_\_\_\_\_

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## **I. BREATH ALCOHOL TEST**

Did you take a breath test at the jail? If not, why not? \_\_\_\_\_

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How many times did you blow into the breath machine? \_\_\_\_\_

Did the officer observe you for fifteen minutes prior to taking the breath test?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Did you have anything in your mouth during the fifteen minute observation period prior to taking the breath test?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Were you continually in the presence of a police officer until the end of the breath test?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Did an officer read you your chemical test rights prior to taking the breath test?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Did you have anything in your mouth when blowing into the breath alcohol machine?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Did you sign a refusal form declining to accept the breath test? If so, was a blood sample taken? \_\_\_\_\_

What was the result of any breath/blood test? \_\_\_\_\_