



Frechette & Associates, P.C.  
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Personal Information

Full Name

Mailing address

City/State/Zip

Home phone #

Cell phone #

Work phone #

Other phone#

Email address

Employer

Job title & how long?

Does your employer know about this case? Yes  No

Date of birth

Social security number

Driver's license number & state

Is license a CDL? Yes  No

Status of your license?

How did you learn about us, please check & name all that apply:

Internet  yellow pages  friend: lawyer:

other:

Case Information

Incident Date

Time

Location

Officer(s):

Charges:

Court:

Date(s) of hearing:

Summary of facts before driving:

What did you eat during the 12-hour period to your arrest?

Were there any mechanical defects in your car? Yes  No

Were you involved in an accident? Yes  No

Describe it:

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

Check off road conditions: Blacktop  Dirt  Pavement  Wet  Dry

Check off weather conditions: Dark  Light  Foggy  Rainy  Sleet  Hail   
Snow  Drizzle  Slippery  Normal

Were there any passengers in your vehicle when you were stopped? Yes  No

List all persons with you while you were drinking and or driving:

Name	Age	Telephone number

Would these persons be willing to testify? Yes  No

Where did police officers park in relation to your car?

Were you smoking before or after your contact with police? Yes  No

Please check off the field sobriety tests you were asked to perform:

Eye Nystagmus  Heel & toe/walk line  Leg lift  Alphabet  Counting   
Touch nose  Finger count  Other

Describe the each test and how you did:

Medical

Were you under the care of a doctor on the date of arrest or just before?

Yes  No

Please describe your condition & treatment:

Describe any physical disability which would affect your walk or balance on this date:

Had you seen a dentist within the 24-hour period prior to your arrest?

Yes  No

Describe any prescribed or over the counter drugs you were taking (i.e. cold, antihistamines, tranquilizers, weight control, aspirin):

Do you have any of the following conditions?

False teeth  Diabetes  Heart disease  Speech problem  \_\_\_\_\_

List any other medical problems:

Physical Condition at Arrest

Time started drinking:

Time stopped drinking:

Describe **in detail** the number and type of drinks you had prior to your arrest:

Did you consider yourself to be under the influence at the time of arrest?

Yes  No

Did you have a buzz on or were you feeling the least bit affected by alcohol?

Yes  No

Was your stomach upset at any time? Yes  No   
If yes, please describe at what time and your symptoms:

Did the officer read you your rights?

Yes  No  If yes, when?

What happened in the squad car and what conversation was there between you and the officers?

Was your car towed? Yes  No  Did you wait for the tow truck? Yes  No

How long did you wait?

Did the police take you directly to jail? Yes  No  If no, what route did they take?

Please describe any statements made by you or anyone else which might be important?

Was any property taken from your vehicle? Yes  No  What?

How were you dressed at the time of arrest?

Footwear type: \_\_\_\_\_ Soiled or clean clothing?

Do you wear glasses/contacts? Yes  No  What is the prescription for?

#### Consent and Breath or Blood Test

Were you advised of your right to contact an attorney before deciding whether to take a breath or blood test?

Yes  No

Were you advised of the right to an independent blood test?

Yes  No

If yes, where is the blood sample and who drew it?

What test(s) did you take? Blood  Breath  Score: \_\_\_\_\_

Time: \_\_\_\_\_

If officer requested blood, who drew the sample?

If you refused to take the test, what did the officer tell you would happen if you refused?

Please describe any other details of your day, the arrest and booking below: