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CHARLES W. INGMAN (1953-1996)

DWI INTAKE SHEET

General Information

Name: _____
(First) (Middle) (Last)

Aliases or Other Names Used: _____

Address: _____
(Street) (City) (Zip Code)

Telephone: Home: _____ Work: _____ Pager/Cell: _____

Fax: _____ Email: _____

Sex (M) _____ (F) _____ Date of Birth: _____ Age: _____

Name and Address of Employer: _____

Hours of Work: _____ Ok to Contact you at Work? _____

Height: _____ Weight: _____

Drivers License: State: _____ Number: _____

Vehicle: _____
(Make) (Model) (Year) (Owner)

Prior Record: Offense(s):

Date(s): _____

Condition Before Arrest

1. How were you dressed at the time of the alleged offense? _____

 - a. What were the colors of your clothes? _____
 - b. What type of footwear were you wearing? _____
 - c. Were your clothes soiled or clean? _____
 - d. Did you or do you wear glasses? If so, what is your corrective reading?

2.
 - a. How many hours had you worked prior to the arrest? _____
 - b. How many hours sleep did you have the night before? _____
 - c. Were there any emotional problems that you were concerned with?

3. What did you have to eat during the 12-hour period prior to your arrest? _____

4. Who were you with from the time you began drinking until the time you were arrested? Please provide names, addresses and telephone numbers:

5. What time did you start drinking? _____

6. What were you drinking, the size of the drinks and how many did you have prior to the arrest?

7. Were there any mechanical defects in your car? Please describe? _____

Medical

8. Were you under the care of a doctor at the time of your arrest? If yes, describe: _____

9. Had you seen a dentist within the 24-hour period prior to your arrest? If yes describe: _____

10. Do you have any physical disability, which would cause you to limp or have imperfect balance, or did you have any injuries at the time of the arrest that would cause you to look intoxicated? (Describe)

11. Were you taking any medicine at that time such as cold pills, antihistamines, tranquilizers, weight control pills, aspirin, etc? _____

12. Had you been exposed to chemicals such as paint thinner which give off fumes within 12 hours of the arrest? If so, please identify the chemical and explain what happened: _____

13. Do you have a speech impairment caused by a medical problem? _____

14. Do you wear false teeth? _____

15. Do you have diabetes? _____

16. Do you have heart disease? _____

17. Were you ill (high fever) at the time of the arrest? _____

18. Did you use mouthwash or toothpaste within two hours of the time of the test? If so, please explain: _____

19. Do you have any other medical problems that would influence your physical condition at the time of your arrest?

20. Was your stomach upset at the time of the arrest? _____

21. Was it possible your stomach could have been upset causing you to belch? _____

The Arrest

22. Describe briefly the facts leading up to your arrest; i.e. why do you feel you were stopped? _____

a. Where did the police officers park the squad car in relation to your car?

b. Did they walk to the squad car with you or behind you? _____

c. Who opened the squad car door for you? _____

d. Where did you sit in the squad car? _____

e. Were the squad car windows rolled up? _____

f. Did you smoke in the squad car? _____

g. What did you say while you were in the squad car? What conversation was there between you and the officers? (It is important to be specific and answer this in detail!)

h. Was your car towed away? If so, did you wait for the tow truck? If yes, how long did you wait for the tow truck to come?

23. Did you drive directly to the law enforcement center? If not, describe the route you took:

a. Where did they park in relation to the police station?

- b.** Who opened the door for you? _____
- c.** What side did you get out on? _____
- d.** Did the police officers touch your body at any time? _____

- e.** Did they walk in front of you or behind you into the law enforcement center? _____

24. Did you smoke or chew tobacco in the police car or police station prior to submitting to the chemical test? _____ If yes, explain: _____

Tests

25. What alcohol test(s) did you take? Blood _____ Breath _____ Urine _____

Given by: _____
At: _____

Time: _____ Which test(s) were offered to you? _____

Results of Test(s): _____

26. What other tests were given? And when (i.e. touch your nose, walk the line, pick up coins or any other dexterity tests): _____

27. On the way to being jailed after being interviewed, where did the police walk in relation to you? _____ If you were on the elevator, how many police took you on the elevator? _____

- a.** Did you bump against them or did they bump against you at any time? _____

b. Was anything said to you while you were being accompanied to jail or while you were in jail? _____ If yes, what? _____

28. Did you consider yourself to be under the influence of an alcoholic beverage at the time of your arrest? _____

29. Did the drinks you had affect your driving? _____

30. If there was another vehicle involved in your arrest, what conversation did you have with the driver or passenger of the other vehicle(s)? _____

31. Were there any passengers in your vehicle when you were stopped? Before you were stopped? (Give all details including names addresses and phone numbers): _____

32. Did someone pick you up immediately following the arrest? If so, give name and address and phone number:

33. Please explain what you did after you were released from jail. If you spoke with other people, please identify them and give phone numbers:

34. Discuss in detail any other facts which you think may be important:

