

The Law Offices of Isenberg and Boyd

Today's Date: _____ Arrest Date: _____

Time of Arrest: _____ County of Arrest: _____

Location of Arrest (street address, city, near which intersection) _____

1. Name: _____
First Middle Last

2. Name You prefer to be called: _____

3. Address: _____
Street/Apt. # City State Zip

4. Confidential Email Address: _____
(This is an email address where you can receive notification of case information such as hearing dates, etc.)

5. Social Security Number: _____ - _____ - _____

6. Drivers License Number: _____ State of Issuance: _____

7. Phone Numbers: Home _____ Work _____ Ext. _____

Cell _____ Pager _____ Fax _____

Other (_____) _____
Specify Number

8. Birth Place: _____
City State Country

(This Section for Office Use Only) Please Proceed to Page TWO)

Rsn Stop _____ ICV _____ St. V _____

Crt _____ Bth _____, _____ Psg _____ Arr _____

Coll _____ ABD _____ OV _____ EMS _____

Po. Dept _____ Age _____ Rfd By _____

ALR _____

9. Date of Birth: _____ Age: _____

10. Are You a US. Citizen? _____

If No, What. is Your Alien Status? _____

11. Sex: Male / Female

12. Race: _____

13. Weight: _____ lbs. Height: _____ ft. _____ in.

14. Color of Hair: _____ Color of Eyes: _____

15. Marriage Status: _____

If Married, Name of Spouse _____ Years Married _____

Employer of Spouse _____ Spouse Work Phone _____

If Separated, Date of Separation _____

If Divorced, Date of Divorce _____

16. Do You have Children? Yes / No

If Yes, What are their Names and Ages: _____

Are any of Your Children Adopted? Yes / No

If Yes, Provide Name(s) and Age(s) at Time of Adoption _____

17. Do Your Children Live with You? Yes / No

If Yes. How Many? _____ Provide Names and Ages _____

If Yes, Are You the Sole Supporter of the Children? Yes / No

If No, How many do you Share in Support? _____

How much do You Pay in Monthly Support \$ _____

18. Do You currently have any extra personal or family expenses (example: unusual medical or education expenses; unusually large loans, alimony; support of retired or disabled relatives; etc.) Yes / No

If Yes, Describe and list Amount of Expense _____

19. Are You currently a Student? Yes / No

If Yes, Please provide the following information:

Name of School _____

Student Status: Full Time / Part Time

Major: _____ Post Graduate Goal: _____

20. Are You. Currently Employed? _____

If Yes, Provide the following Information:

Company Name _____

Location of Company (City, State) _____

Your Regular Work Days and Hours _____

Title or Position _____

21. Do You Work an Extra Job? Yes / No

If Yes, Provide the Following Information:

Company Name _____

Extra Job Work Days and Hours _____

22. Does Your Job Require Licensing? Yes / No

If Yes, What Type of License _____

Licensing Agency _____

23. Do You have plans to get into some other type of work in the future? Yes / No

If Yes, Describe _____

24. Have You served in the Armed Services? Yes / No

If Yes, Which Branch? _____ What year did you enter? _____

What year were you discharged? _____

What was the Condition of Your Discharge? Honorable / Dishonorable

25. Have you ever received counseling for or been treated for mental, emotional, or psychological stress or illness? Yes / No

If Yes, Provide date of treatment and a brief description of the diagnosis or problem. _____

26. Do You or anyone else believe any mental, emotional, or psychological stress contributed to your charges? Yes / No

If Yes, Identify person and belief with a brief description of the stress involved _____

27. List Three Spare Time Activities, Sports, Hobbies, etc. 1) _____

2) _____ 3) _____

28. Please provide the following information:

Father's name: _____

Father's occupation: _____

Father's Address: _____

Father's Home Phone: _____ Cell Phone: _____

Mother's name: _____

Mother's occupation: _____

Mother's Address: _____

Mother's Home Phone: _____ Cell Phone: _____

29. Provide the following information for two contacts who will be able to locate you anytime on short notice:

Contact #1: Name _____

Work Phone _____ Home Phone _____

Relation to You _____

Contact #2: Name _____

Work Phone _____ Home Phone _____

Relation to You _____

Please use this space to provide us with any information you might have that was not covered by

The Questionnaire _____

If Charged With DWI or Related Offense, Please Answer the Questions on the Following Pages

30. Is your driver's license currently valid? Yes / No

If No, Provide the date it became invalid and the reason it was invalidated _____

31. Did you have your own liability insurance on the date you were arrested for this offense?

Yes/ No

32. If the vehicle you were driving was owned by someone else, did they have liability insurance on that vehicle at the time of your arrest? Yes / No

33. Prior to this arrest, has your driver's license ever been suspended? Yes / No

If Yes, Provide the date it was suspended and the reason for the suspension _____

34. Are you required to drive while on the job? Yes / No

If Yes, Provide a brief description of your on the job driving requirements _____

35. Were any passengers with you at the time of your arrest? Yes / No

If Yes, Provide their name(s) and phone number(s), also indicate if the passenger was arrested at this same time _____

36. Did a wreck lead to your arrest? Yes / No

If Yes, Please answer the following questions:

Did you hit an occupied vehicle? Yes / No

Have you been contacted by a lawyer or insurance company? Yes / No

Were you injured? Yes / No

If Yes, Describe injuries _____

Were you taken to the hospital by EMS? Yes / No

If Yes, Provide name of hospital _____

Was anyone else injured in the accident? Yes / No

If Yes, Provide the name(s) of the injured _____

Provide the name of the hospital(s) at which they were treated _____

37. If no wreck, state the reason the officer gave for stopping you _____

38. Were you issued a ticket at the time of your arrest? Yes / No

If Yes, Did you pay a fine or post a bond? _____

39. Provide the name of the law enforcement agency by which you were arrested _____

40. Did you provide a breath or blood sample? Yes / No

If Yes, Please provide the results if known _____

41. Provide the date and time of your release _____

42. What type of bond did you post at your release? (personal, surety, cash) _____

43. Were you advised by the authorities you must participate in alcohol counseling? Yes / No

If Yes, Which program? _____

44. Have you been convicted of DWI or PI in the past? Yes / No

If Yes, Provide the following information:

Date of Arrest #1 _____ City of Arrest #1 _____ Co. of Arrest #1 _____

State of Arrest #1 _____ Charge #1: DWI / PI Result of Case #1 _____

(Dismissed, Probation, etc.)

Date of Arrest #2 _____ City of Arrest #2 _____ Co. of Arrest #2 _____

State of Arrest #2 _____ Charge #2: DWI / PI Result of Case #1 _____
(Dismissed, Probation, etc.)

Date of Arrest #3 _____ City of Arrest #3 _____ Co. of Arrest #3 _____

State of Arrest #3 _____ Charge #3: DWI / PI Result of Case #3 _____
(Dismissed, Probation, etc.)

45. Are you diabetic? Yes / No

46. Do you suffer from any hearing loss? Yes / No

47. Do you wear contacts? Yes / No

48. Have you ever been treated for leg or back injuries? Yes / No

If Yes, Describe the injuries and the year they were incurred _____

49. Have you experienced any other serious injuries, illnesses, hospitalizations / operations?

Yes / No

If yes, Provide date of incident and a brief description _____

Do you suffer from gastro-intestinal reflux disorder? Yes / No

Were you exposed to any chemical or paint fumes on the day of your arrest? Yes / No

If Yes, List the type of chemical and the activity involved _____