PAUL SCOTT & ASSOCIATES

OWI/DUI CLIENT QUESTIONNAIRE

CLIENT INFORMATION

Client Name: _____ Date:_____
Last *First* *Middle*

Marital Status: _____ Date of Birth: _____ Number of Children: _____

Current Employment: _____ Highest Level of Education:_____

Cell Ph: _____ Home Ph: _____ Email: _____

Address: _____

INCIDENT INFORMATION

Was there a Breathalyzer Test requested of you? Yes☐No☐Did you comply with this request? Yes☐No☐

Was there a Blood Draw requested of you? Yes☐No☐Did you comply with this request? Yes☐No☐

BAC (Blood Alcohol Content): _____

Please list any prior alcohol-related offenses and/or any prior criminal record: _____
_____

For this incident, why did you initially become in contact with the police? _____

Did this incident result in an accident? _____

If yes, please explain: _____

Did this incident result in any injuries to either party? Yes☐No☐If yes, please explain:
_____

Who arrested you? (County Sheriff, State Police, Local Agency) _____

How long were you in jail for this offense? _____

You have been charged with (Mark all that apply):

OWI☐OWI High BAC☐ Other: _____
Do you have any upcoming court dates? Yes☐ No☐
If yes, which court? _____ Court Date: _____
What are your goals for meeting with Attorney Paul Scott? _____
_____
_____
_____