



# ERKER LAW FIRM, P.A.

Thomas J. Erker  
J. Ryan Erker\*  
\*Also Licensed in Missouri

LICENSED KANSAS ATTORNEYS  
www.erkerlaw.com  
e-mail: info@erkerlaw.com

130 North Cherry, Suite 203  
Olathe, Kansas 66061  
(913) 829-2500  
Fax: (913) 829-3344

## DUI/DWI/OUI QUESTIONNAIRE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt.#) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_

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

Employment: Please briefly describe your work and the nature of your employment:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ DL# \_\_\_\_\_ CDL?: \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_

Any Professional License (fly, teach, etc.)? \_\_\_\_\_

Vehicle Driven: \_\_\_\_\_ Are you the owner? \_\_\_\_\_

How you were referred to our firm (individual, attorney, internet, etc.)

\_\_\_\_\_



## INCIDENT SPECIFICS

Your responses to the following questions will be helpful in analyzing and assessing the unique facts and circumstances of your particular case. The questions are designed to help you reconstruct what was most likely a troubling and confusing time. Your efforts to record what happened in connection with the charges you now face may play a key role in our efforts on your behalf. Please try to answer the questions below to the best of your ability. Do not worry if you are unable to answer every question or provide details as we will thoroughly discuss the facts and circumstances of your case with you.

### I. PRIOR TO THE STOP

1. What were you doing prior to the stop? Where were you coming from?

\_\_\_\_\_

### II. STOP CIRCUMSTANCES

1. Why were you stopped/contacted? \_\_\_\_\_
2. Were you involved in an accident of any kind? \_\_\_\_\_
  - a. Were there any injuries? \_\_\_\_\_
3. Did you admit to consuming alcohol or drugs? \_\_\_\_\_
4. Did you make any incriminating statements, such as "I'm sorry, I should not have been driving"? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

### III. FIELD SOBRIETY TESTS

1. Did the officer ask you to perform any of the following field sobriety tests?:
  - a. Horizontal Gaze Nystagmus (follow pen or finger with eyes) \_\_\_\_\_
  - b. Walk and Turn Test (9 steps on line) \_\_\_\_\_
  - c. One Leg Stand (for 30 seconds) \_\_\_\_\_
2. Did the officer ask you to:
  - a. Say the alphabet? \_\_\_\_\_
  - b. Count backward or forward? \_\_\_\_\_
  - c. Touch your fingers to your thumb while counting? \_\_\_\_\_
  - d. Touch your finger to your nose with head back? \_\_\_\_\_
  - e. Blow into a Preliminary Breath Test at scene of stop? \_\_\_\_\_

3. Did the officer ask you if you were injured; or if you had any problems with your back, legs, or balance prior to testing? \_\_\_\_\_
  - a. Do you have any issues with your back, legs, ankles, balance, etc.?  
\_\_\_\_\_
  - b. Have you consulted a physician regarding those or any other issues?  
\_\_\_\_\_
4. What, if any, medications had you taken on the day in question? \_\_\_\_\_
5. Weather conditions at scene of the stop? \_\_\_\_\_

IV. CHEMICAL TESTS OR REFUSAL

1. Did an officer read and provide you with a copy of the Implied Consent Notices (9 paragraphs explaining the consequences of a chemical alcohol test or refusal)?  
\_\_\_\_\_
2. Where did the officer read these rights to you (i.e. – in the car, at the station)?  
\_\_\_\_\_
3. Did you submit to a breath test at the station? \_\_\_\_\_
  - a. What were the results? \_\_\_\_\_
4. Prior to blowing, did the officer check inside of your mouth? \_\_\_\_\_
5. Were you in the officer's immediate presence for 20 minutes prior to the test?  
\_\_\_\_\_
6. Within 20 minutes prior to testing, did you eat, drink, smoke, chew gum, or have anything in your mouth? \_\_\_\_\_
7. Within 20 minutes prior to testing, did you vomit, burp, or regurgitate any food into your mouth? \_\_\_\_\_
8. Did you have any removable dental fixtures or any other foreign objects in your mouth prior to or during testing? \_\_\_\_\_
9. Were you bleeding in or around your mouth or from your nose prior to testing (i.e. cuts, bruises, bleeding gums)? \_\_\_\_\_
10. How many breath tests did you perform?  
\_\_\_\_\_

11. Did the officer request a blood or urine test? \_\_\_\_\_
12. Do you suffer from diabetes? \_\_\_\_\_
13. Do you suffer from heartburn, Esophagitis, GERD, PLR or Barret's Disease? \_\_\_\_\_
  - a. Are you being treated by a physician? \_\_\_\_\_
14. Did you refuse to submit to testing? \_\_\_\_\_
15. Did you ask for the opportunity to conduct additional testing? \_\_\_\_\_
16. Did the officer personally hand you a pink temporary license (DC-27 or DC-28) or "Officer's Certification and Notice of Suspension"? \_\_\_\_\_
17. How many officers participated in or were present during the time of your testing? \_\_\_\_\_

V. MIRANDA – 5<sup>TH</sup> AMENDMENT

1. Did the officer read your 5<sup>th</sup> amendment rights to you? \_\_\_\_\_
2. Did you waive your right to remain silent? \_\_\_\_\_
3. Did you sign a written rights waiver? \_\_\_\_\_
4. Did you answer the officer's questions? \_\_\_\_\_

VI. WITNESSES

1. Please list any witnesses with you prior to your arrest:  
\_\_\_\_\_

Finally, please discuss any areas of concern that may be important to your case and defense, which may have not been covered above: \_\_\_\_\_

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