



THE LAW OFFICES OF
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Attached to this letter you will find an Interview Form for DWI cases (DWI Questionnaire). Complete the form in as much detail as you can. Please remember the following:

1. Information about your arrest is important since this may affect the admissibility of evidence.
2. Information about field sobriety tests is important since the judge or jury will use this to help determine impairment.
3. Information concerning your physical condition at the time of your arrest is important since this could have an impact upon your ability to do the field sobriety tests or could have an impact upon the breath test.
4. Prior alcohol offenses are important because in certain circumstances this can have an effect on your credibility and/or sentencing.
5. **SEND THE COMPLETED FORM TO US AT:**

MAIL:

Gregory Kornegay
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Sincerely,

GREGORY K. KORNEGAY

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DWI Case Evaluation

Name _____ All aliases _____

Current Address (own or rent) _____

Place of residence at time of arrest (own or rent) _____

Phone:

home) _____ (work) _____ (cell) _____

Email _____

Age _____ Birth date _____ SSN _____

Driver's License No: _____

Place of birth _____

Marital Status: _____ Name of spouse _____ (phone) _____

Children (names and ages) _____

Education: _____

Name and address of current employer _____

Job description (number of hours per week) _____

Are you an American citizen _____

Have you been in military service _____ Type of discharge _____

Prior alcohol offense (s): _____

Prior driving/traffic record: _____

Other prior criminal offense(s) (offense and date) _____

Arrest

Date of arrest: _____ Time: _____

Place of arrest: _____

Arresting officer: _____ Department _____

Ticket(s) received (charges): _____

Distance or amount of time followed by police: _____

Passengers in the car with you: _____

Describe facts leading up to your arrest – why were you stopped _____

What was the reason the officer gave you for why you were stopped _____

Clothes you were wearing when arrested (dirty or clean) _____

Shoes you were wearing when arrested _____

What you said to the officer _____

What the officer said to you _____

Were constitutional rights given (right to remain silent etc.) _____

Describe any statements you made to the officer before being read your rights _____

Describe any statements made to you by others after being read your rights _____

Was vehicle searched _____ Property taken from vehicle _____

Were you searched _____ Property taken from you _____

If an accident occurred, please describe _____

Do you have a copy of the accident report _____

Field Sobriety Tests

Were you asked to perform field tests (finger-to-nose, walk the line etc.) _____

Describe how you performed on these tests _____

At what point after you were stopped did you perform the tests _____

How long did it take for you to perform the tests _____

Where were you when you performed the tests _____

Was the surface even where you performed the tests _____

Describe the lighting conditions at the arrest scene _____

Were the tests performed near passing cars _____

Check the following tests that you recall performing:

Finger to nose _____ Walk the line _____ One legged stand _____

Balance _____ ABC _____ Follow pen w/eyes _____

Describe any other tests you performed: _____

Did the officer ask you any questions about your physical / mental limitations or impairments before you performed the tests _____

What type of footwear were you wearing during the tests _____

If tests were performed outside, describe weather conditions _____

What type of physical line was used in the walk-the-line test _____

Were the officer's instructions on how to perform the tests clear _____

Did the officer demonstrate each test before you started the tests _____

Did the officer make notes for the results as you performed the tests _____

Did anyone else see you perform the tests _____

Describe how well you performed each test _____

Did the officer(s) tell you how you did _____

How many hours had you worked prior to your arrest _____

How much sleep had you had within 24 hours prior to your arrest _____

Were you videotaped at any time by the officer(s), when and where _____

Did you blow into a hand-held breath testing device at the scene of the stop _____

Your Physical Condition at the Time of the Stop

Did you consider yourself to be impaired at the time of your arrest _____

Did the alcohol that you consumed affect your driving _____

Starting with your last drink, please describe alcohol consumed prior to your arrest:

Last alcohol _____ Time _____

Quantity _____ Type _____

Last alcohol _____ Time _____

Quantity _____ Type _____

Last alcohol _____ Time _____

Quantity _____ Type _____

TOTAL number of drinks you had: _____

12 hr period prior to arrest, what did you eat and when did you eat it _____

Time you started to drink _____ Height _____ Weight _____

Who was with you during the time you were drinking before you were arrested _____

Will these persons be willing to testify on your behalf _____

Medical Condition at the Time of Arrest

Were you under the care of a doctor at the time of your arrest, if so please give the name of your doctor.: _____

Had you seen a dentist within the 24 hr period prior to your arrest , if so please give the name of your dentist.: _____

Do you have any physical and/or mental disability which would cause you to limp or to have balance problems _____

Did you have any injuries at the time of your arrest that would cause you to look intoxicated (bad knees) _____

Were you taking any medicine or drugs at the time of your arrest, such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills, etc. _____

Do you have a speech impairment _____

Do you have (circle each one that applies): False teeth or bridge work Diabetes Heart disease Inner ear problems Arthritis Asthma Emphysema Dental work
which may have absorbed alcohol

Was your stomach upset at the time of your arrest _____

Did you belch, burp or regurgitate during the arrest or breath test _____

Were you chewing gum, candy or anything else prior to the breath test _____

Were you allowed to smoke, drink, or put anything into your mouth within 20 min. before the breath test was administered _____

Do you wear glasses or contact lenses, if yes what is your corrective reading _____

What are your physical disabilities _____

What are your major illnesses or injuries _____

Have you been treated for mental or emotional problems _____

Surgeries _____

Have you attended Alcoholics Anonymous, Al-Anon, or similar substance abuse support groups _____

Within the eight hours before your arrest, were you exposed to any type of chemicals at home or work (paint fumes, gasoline, turpentine) _____

Condition of Your Car

Do you own the vehicle you were driving when arrested, if so how long have you owned it _____

Make, model, year _____ Condition _____

When was the last time the steering was checked or repaired _____

What was the condition of your tires when arrested _____

What was the condition of your brakes when arrested _____

Describe any mechanical problems with your vehicle _____

Was your car towed after you were arrested, if not what happened to it _____

If your vehicle was released, to whom was it released _____

Weather and Road Conditions:

Blacktop _____ Dirt Road _____ Rainy _____ Drizzle _____

Dark _____ Light _____ Foggy _____ Dry _____

Sleet _____ Hail _____ Snow _____ Other _____

Slippery _____ Normal _____ Wet _____

Alcohol Tests (Breath/Blood/Urine)

Were you read or given a statement by the officer concerning his or her request that you submit to a breath and/or urine test _____

Can you describe how the officer read these warnings (fast or slow) _____

Where were you when the officer gave you these warnings about alcohol tests _____

What did the officer tell you would happen if you refused a chemical test of your breath _____

Were you advised that you could take another test other than the breath test (blood test) _____

Were you advised that you could have your doctor take an additional blood test _____

Did you request your own, independent, blood, breath or urine test _____

Were you advised that you could not contact an attorney before deciding whether or not to take an alcohol test _____

Were you threatened or coerced into taking or refusing to take the breath test _____

If you did submit to a blood/breath/urine test, explain why you did so _____

Did you take a breath/blood/urine test, if so what kind _____

If you did submit to a breath test, did the testing officer observe you (not leave the room or turn away) for at least 20 min. prior to testing _____

Did you hear any police radio such as a walkie-talkie during the time you were being given the breath test _____

What were the results of your test, if you know _____

Please describe any conversation you had with the arresting officer when you were stopped, while riding to/from the jail and/or hospital, while at the jail and/or hospital where the breath test, urine, and/or blood test was given _____

Are there any codefendants involved in your present charges (identify and state codefendant charges) _____

Signature

Date