

PAUL SCOTT

ATTORNEY AT LAW

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: _____ City: _____ State: _____

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: _____

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? _____

