

**CLIENT  
CONFIDENTIAL  
INTERVIEW®**

## **CLIENT & EVENT INFORMATION**

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## CLIENT INFORMATION

Provide information needed for a complete DUI/DWI defense

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

Date of Statement: \_\_\_\_\_ by: \_\_\_\_\_

Who referred you? \_\_\_\_\_

Who posted your bond to be released from jail? \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_

Is this a confidential email address? (circle) Yes / No

Please list all schools you have attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Background: \_\_\_\_\_

\_\_\_\_\_

Civic/ Charity Activities: \_\_\_\_\_

Military Background: \_\_\_\_\_

## DRIVING RECORD

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Expiration: \_\_\_\_\_

**If you need a quick copy of your driving record go to: [WWW.TX-DPS.COM](http://WWW.TX-DPS.COM)**

Driving Record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had your license suspended? (circle) Yes / No

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive any traffic tickets with this DUI/DWI arrest? (circle) Yes / No

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any prior arrests? (circle) Yes / No

If yes, please list in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTO ACCIDENT**

Q. Was there an auto accident? (circle) Yes / No

If yes, \_\_\_\_\_

Date of accident \_\_\_\_\_

Time of accident \_\_\_\_\_

Insurance Company \_\_\_\_\_

Amounts of Coverage \_\_\_\_\_

Number of cars involved in accident? \_\_\_\_\_

List the people in the car with you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the people in the other car: \_\_\_\_\_

\_\_\_\_\_

How serious would you describe the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone injured in either car? \_\_\_\_\_

Was anyone taken to the hospital? \_\_\_\_\_

Describe how the accident happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING FACTS**

Q. Date & Time of 1st Drink? \_\_\_\_\_ Date & Time of Arrest? \_\_\_\_\_

Q. What time were you stopped by the police? \_\_\_\_\_

Q. Where did you first see the police car? \_\_\_\_\_

\_\_\_\_\_

Q. Were you on the Tollway? (circle) Yes / No

Q. Immediately prior to being stopped, where had you been? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Was there any construction on the roadway? (If yes, we will need photos immediately!) (circle) Yes / No

Q. Why do you think the officer stopped you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. What did the officer tell you when he/she stopped you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Did you stop immediately when the red lights came on? (circle) Yes / No

Q. Where did you stop your vehicle? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MAP THE LOCATION OF ARREST

Please go to the following website and print a map of the location and aerial photo (if available) of your arrest:

<http://maps.dallascityhall.com>

Other map sites:

<http://www.mapquest.com>

<http://www.mapblast.com>

<http://maps.yahoo.com>

Other Aerial Photo sites:

<http://www.teraserver.microsoft.com>

<http://google.com/maps>

<http://www.globexplorer.com>

<http://www.terrafly.com>

**WITNESSES**

Q. List the people who were with you prior to being arrested. (Names, Addresses and Phone Numbers)

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Q. Who was in the vehicle with you when you were stopped? \_\_\_\_\_

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Q. Were any passengers arrested for Public Intoxication? (circle) Yes / No

If not, what happened to the passengers? \_\_\_\_\_

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Q. What were you doing and who were you with prior to drinking? \_\_\_\_\_

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Q. Prior to being arrested, what time did you last eat? \_\_\_\_\_

Where did you eat? \_\_\_\_\_

What did you have to eat? \_\_\_\_\_

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Q. How did you pay for your food? (circle) cash / credit card

Q. Do you have receipts for your food? (circle) Yes / No

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Q. Did the police obtain any receipts out of your wallet or your vehicle? (circle) Yes / No

Q. Was there any alcohol in the vehicle when you were stopped? (circle) Yes / No

If yes, what kind and how much? \_\_\_\_\_

How and when was it placed in your vehicle? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Were there any open containers in your vehicle? (circle) Yes / No

If yes, how and when was it placed in your vehicle? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Were you offered a portable breath test AT THE SCENE? (circle) Yes / No

If yes, did you take the breath test? (circle) Yes / No

If yes, what was your score and describe any unusual circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Did you take a breath or blood alcohol test AT THE JAIL? (circle) Yes / No

If yes, what was your score and describe any unusual circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ROADSIDE SOBRIETY TESTING**

*(Testing at the Jail is discussed later)*

Q. Was there a video camera in the police car? (circle) Yes / No

Q. Where did you perform the field tests? \_\_\_\_\_

Q. Was the surface level? (circle) Yes / No (If No, take photos immediately)

Q. Was the surface smooth? \_\_\_\_\_

Q. What type of shoes were you wearing? \_\_\_\_\_

Q. How tall are the heels? \_\_\_\_\_

Q. When you were performing field tests, which direction were you facing? \_\_\_\_\_

Q. Were there any flashing or bright lights in your eyes? \_\_\_\_\_

Q. At the scene, you were asked to perform the **Eye Test?** (circle) Yes / No

If Yes, were there any distractions? \_\_\_\_\_

Were flashing lights in your eyes? \_\_\_\_\_

Were people walking by? \_\_\_\_\_

Were cars driving by? \_\_\_\_\_

## **ROADSIDE SOBRIETY TESTS**

### **How did you perform on the Sobriety Tests?**

Police departments rely on three standardize field tests to help determine intoxication:  
Horizontal Gaze Nystagmus Test / Walk and Turn Test / One Leg Stand Test

### **The Horizontal Gaze Nystagmus Test**

There is no way that you can determine how you performed on this test! This test is a subjective evaluation (made by the officer) of the way your eyes move to a stimulus.

The following is a brief explanation of the test:

Officers are trained to evaluate: (1) how smoothly your eyes move from side to side as they follow a stimulus; (2) if your eyes jerk as they are moved as far as possible to one side or the other; (3) if your eyes jerk prior to a 45 degree angle ( a point approximately halfway between the nose and the ear at the point of the shoulder).

\*If you would like to read a complete description of this test and how it is graded go to my web site:  
[www.dbtrialprep.com](http://www.dbtrialprep.com) and read the study under: HORIZONTAL EYE GAZE TEST

### **The Walk and Turn Test**

#### Instructions by Officer:

Place your right foot in front of your left foot;  
maintain that position until I tell you to begin;  
place your arms at your side; when I tell you to start, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back;  
when you turn, keep the front foot on the line and turn by taking a series of small steps with your other foot;  
once you start walking, don't stop until you have finished the test.

#### Per Guidelines Used by the Police:

You fail the test if you make a mistake in TWO of the following eight categories: (Count each category only once no matter how many times you make that mistake.)

Cannot keep balance while listening to instructions.

Starts before the instructions are finished.

Stops while walking on any step.

Does not touch heel to toe. (Leaves a space of more than one-half inch between the toe and heel on ANY step)

Steps off the imaginary line on any step.

Uses arms for balance at any time. (Raises one or both arms more than six inches)

Improper turn

Incorrect number of steps

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**Evaluating Your Performance on The Walk The Line Test at the scene of arrest.**

Q. Did you step out of position (one foot in front of the other) while the officer was giving instructions? (circle) Yes / No

Q. Did you start the test before instructed to do so? (circle) Yes / No

Q. Did you stop while walking to steady yourself? (circle) Yes / No

Q. Did you fail to walk heel to toe? (circle) Yes / No

Q. Did you step off the line while walking? (circle) Yes / No

Q. Did you raise either arm more than 6 inches from your side? (circle) Yes / No

Q. Did you turn incorrectly? (circle) Yes / No

Q. Did you take the wrong number of steps? (circle) Yes / No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The One Leg Stand Test**

Instructions by the Officer:

Stand with your feet together and your arms at your side;  
raise one leg approximately six inches off the ground;  
keep both arms at your side;  
while holding that position, count out loud in the following manner: “one thousand one, one thousand two, and continue until I tell you to you stop. (You are not told at the time, but the officer will time you to hold your foot for thirty seconds.)

Per Guidelines Used by the Police:

You can fail the test two ways: (1) You fail the test if you put your foot down three or more times before thirty seconds. (2) You fail the test if you make a mistake in TWO of the following four categories:

- Sways while balancing
- Use arms for balance (arms raised more than 6 inches from side)
- Hopping
- Put foot down before thirty seconds

**Evaluating Your Performance on The One Leg Stand Test at the scene of arrest.**

- Q. What foot did you stand on? (circle) Left / Right
- Q. Did you sway while balancing? (circle) Yes / No
- Q. Did you raise either arm higher than six inches from your side? (circle) Yes / No
- Q. Did you hop? (circle) Yes / No
- Q. Did you put your foot down? (circle) Yes / No

If so, how many times? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ABC's Test at the scene of arrest.**

Q. How did you perform? \_\_\_\_\_

**Counting Test at the scene of arrest.**

Q. How did you perform? \_\_\_\_\_

**Touch Your Nose Test at the scene of arrest.**

Q. How did you perform? \_\_\_\_\_

**Head Back and Hold Arms Out Test at the scene of arrest.**

Q. How did you perform? \_\_\_\_\_

**Other Tests at the scene of arrest?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENTS / ADMISSIONS**

Q. At the scene, what did you tell the officer that you had to drink? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. On the way to jail, did you make any statements? (circle) Yes / No  
If Yes, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile Phone**

Q. Were you on the phone prior to being stopped? \_\_\_\_\_  
Q. Did you text message/email anyone prior to being arrested? \_\_\_\_\_  
Q. If helpful, can you obtain your mobile phone records? \_\_\_\_\_

**Special Occasion**

Q. Was this night a Birthday? (circle) Yes / No  
Q. Was this night an Anniversary? (circle) Yes / No  
Q. Was this night a Wedding Party? (circle) Yes / No  
Q. Other? \_\_\_\_\_

## WEATHER CONDITIONS

Q. Was it cold? \_\_\_\_\_

Q. Was is windy? \_\_\_\_\_

Q. Was it raining? \_\_\_\_\_

Q. Will a weather report help? \_\_\_\_\_

If the weather affected your sobriety tests in any way, please go to [www.weather.com](http://www.weather.com) and print a weather report for the day you were arrested.

Notes: \_\_\_\_\_

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**SOBRIETY TESTING AT THE JAIL**

**Evaluating Your Performance on The Walk The Line Test at the jail.**

Q. Were you asked to perform the walk the line test at the jail? (circle) Yes / No

Q. Did you step out of position (one foot in front of the other) while the officer was giving instructions? (circle) Yes / No

Q. Did you start the test before instructed to do so? (circle) Yes / No

Q. Did you stop while walking to steady yourself? (circle) Yes / No

Q. Did you fail to walk heel to toe? (circle) Yes / No

Q. Did you step off the line while walking? (circle) Yes / No

Q. Did you raise either arm more than 6 inches from your side? (circle) Yes / No

Q. Did you turn incorrectly? (circle) Yes / No

Q. Did you take the wrong number of steps? (circle) Yes / No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The One Leg Stand Test**

Instructions by the Officer:

Stand with your feet together and your arms at your side;  
raise one leg approximately six inches off the ground;  
keep both arms at your side;  
while holding that position, count out loud in the following manner: “one thousand one, one thousand two, and continue until I tell you to you stop. (You are not told at the time, but the officer will time you to hold your foot for thirty seconds.)

Per Guidelines Used by the Police:

You can fail the test two ways: (1) You fail the test if you put your foot down three or more times before thirty seconds. (2) You fail the test if you make a mistake in TWO of the following four categories:

- Sways while balancing
- Use arms for balance (arms raised more than 6 inches from side)
- Hopping
- Put foot down before thirty seconds

**Evaluating Your Performance on The One Leg Stand Test at the jail.**

- Q. Were you asked to perform the one leg stand test at the jail? (circle) Yes / No
- Q. What foot did you stand on? (circle) Left / Right
- Q. Did you sway while balancing? (circle) Yes / No
- Q. Did you raise either arm higher than six inches from your side? (circle) Yes / No
- Q. Did you hop? (circle) Yes / No
- Q. Did you put your foot down? (circle) Yes / No

If so, how many times? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL INTERVIEW

**ABC's Test at the jail.**

Q. Were you asked to perform the ABC's test at the jail? (circle) Yes / No

Q. How did you perform? \_\_\_\_\_

**Counting Test at the jail.**

Q. Were you asked to perform the counting test at the jail? (circle) Yes / No

Q. How did you perform? \_\_\_\_\_

**Touch Your Nose Test at the jail.**

Q. Were you asked to perform the touch your nose test at the jail? (circle) Yes / No

Q. How did you perform? \_\_\_\_\_

**Head Back and Hold Arms Out Test at the jail.**

Q. How did you perform? \_\_\_\_\_

**Reading Test at the jail.**

Q. Were you asked to read? If so, how did you perform? \_\_\_\_\_

\_\_\_\_\_

**Other Tests at the jail?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL ISSUES**

Q. Date of Birth? \_\_\_\_\_ Age \_\_\_\_\_

Q. What is your height? \_\_\_\_\_ What is your weight? \_\_\_\_\_

Q. Were you taking any medicine? (circle) Yes / No

If Yes, what and when? \_\_\_\_\_  
\_\_\_\_\_

Q. Were you smoking marijuana? \_\_\_\_\_

Q. Do you take any medications? (circle) Yes / No

If Yes, what and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Do you have any medical problems? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Head Injuries? \_\_\_\_\_

Sinus? \_\_\_\_\_

Back? \_\_\_\_\_

Knees? \_\_\_\_\_

Ankles? \_\_\_\_\_

Vision/Eyes? \_\_\_\_\_

Diabetes? \_\_\_\_\_

Epilepsy? \_\_\_\_\_

Narcolepsy? \_\_\_\_\_

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If there are any medical issues, what medical proof can you obtain? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Q. Were your wrists bruised by handcuffs? (circle) Yes / No

If Yes, did you take photos? \_\_\_\_\_

Q. Do have ANY medical problem that might affect your balance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SLEEP DEPRIVATION**

**Note:** sleep deprivation can mimic signs of intoxication

Describe your sleeping pattern & give the number of hours sleep you had for the three days prior to your arrest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Were you drowsy when the police officer pulled you over? (circle) Yes / No

**Note:** to learn about the effects of sleep deprivation and driving go to:  
[http://www.nhtsa.dot.gov/people/injury/drowsy\\_driving1/Drowsy.html](http://www.nhtsa.dot.gov/people/injury/drowsy_driving1/Drowsy.html)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BREATH TEST**

Q Are you a smoker? (circle) Yes / No

Q. Did you have a temperature above normal? \_\_\_\_\_

Q. Were you taking any cold or flu medicine? \_\_\_\_\_

Q. Was there anything in your mouth that could have trapped alcohol?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Do you wear any dental appliances? (Braces, Retainer, Bite Guard, Dentures, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Do you have Gastro Reflux or any other Gastro-oesophageal Disorders? (Do you eat a lot of Tumms?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Do work around toxic chemicals? (Paint/Body Shop, Refinish Flooring, Industrial Environment, Printer, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRIAL QUESTIONS

Q. How often do you drink alcohol? \_\_\_\_\_

Q. How much alcohol do you normally drink? \_\_\_\_\_

Q. What is your favorite drink? \_\_\_\_\_

**Note:** In Texas, the legal definition of INTOXICATION is: NOT HAVING YOUR "NORMAL" MENTAL OR PHYSICAL FACULTIES OR A BREATH/BLOOD TEST SCORE OF .08 OR HIGHER.

Q. Were you aware of the legal definition of INTOXICATION prior to your arrest? (circle) Yes / No

**Note:** There is no legal definition of drunk, however, the common interpretation of drunk is the condition of being so affected by alcohol that you are stumbling and obnoxious.

Q. Do you understand the difference between being INTOXICATED and DRUNK? (circle) Yes / No

Q. Can you be intoxicated and not be drunk? (circle ) Yes / No

Q. When the officer stopped your vehicle, were you NORMAL mentally? (circle) Yes / No

If not, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. When the officer stopped your vehicle, were you NORMAL physically? (circle) Yes / No

If not, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. How many alcoholic drinks does it take for you to be INTOXICATED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. How can someone tell when you are INTOXICATED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEFENDANT TIMELINE

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

Date of Statement: \_\_\_\_\_ by: \_\_\_\_\_

Fill out a separate page for EACH DRINK you consumed:

### 1<sup>st</sup> Drink

On the night I was arrested, I had the following to drink:

Time I began drinking my FIRST ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my FIRST ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this FIRST drink, I was at the following location: \_\_\_\_\_

While drinking this FIRST drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this FIRST drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFENDANT TIMELINE**

Fill out a separate page for EACH DRINK you consumed:

**2<sup>nd</sup> Drink**

Time I began drinking my SECOND ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my SECOND ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this SECOND drink, I was at the following location: \_\_\_\_\_

While drinking this SECOND drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this SECOND drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFENDANT TIMELINE**

Fill out a separate page for EACH DRINK you consumed:

**3<sup>rd</sup> Drink**

Time I began drinking my THIRD ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my THIRD ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this THIRD drink, I was at the following location: \_\_\_\_\_

While drinking this THIRD drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this THIRD drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEFENDANT TIMELINE

Fill out a separate page for EACH DRINK you consumed:

### 4<sup>th</sup> Drink

Time I began drinking my FOURTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my FOURTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this FOURTH drink, I was at the following location: \_\_\_\_\_

While drinking this FOURTH drink, I was with the following people: \_\_\_\_\_

While drinking this FOURTH drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFENDANT TIMELINE**

Fill out a separate page for EACH DRINK you consumed:

**5<sup>th</sup> Drink**

Time I began drinking my FIFTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my FIFTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this FIFTH drink, I was at the following location: \_\_\_\_\_

While drinking this FIFTH drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this FIFTH drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEFENDANT TIMELINE

Fill out a separate page for EACH DRINK you consumed:

### 6<sup>th</sup> Drink

Time I began drinking my SIXTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my SIXTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this SIXTH drink, I was at the following location: \_\_\_\_\_

While drinking this SIXTH drink, I was with the following people: \_\_\_\_\_

While drinking this SIXTH drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

## DEFENDANT TIMELINE

Fill out a separate page for EACH DRINK you consumed:

### 7<sup>th</sup> Drink

Time I began drinking my SEVENTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my SEVENTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this SEVENTH drink, I was at the following location: \_\_\_\_\_

While drinking this SEVENTH drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this SEVENTH drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFENDANT TIMELINE**

Fill out a separate page for EACH DRINK you consumed:

**8<sup>th</sup> Drink**

Time I began drinking my EIGHTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Time I finished my EIGHTH ALCOHOLIC DRINK: \_\_\_\_\_ am / pm

Type of drink: \_\_\_\_\_

Amount of alcohol in the drink: \_\_\_\_\_

While drinking this EIGHTH drink, I was at the following location: \_\_\_\_\_

While drinking this EIGHTH drink, I was with the following people: \_\_\_\_\_

\_\_\_\_\_

While drinking this EIGHTH drink, I had the following to eat: \_\_\_\_\_

The person who served me the drink was: \_\_\_\_\_

I paid with (circle): Cash / Credit card

I have the receipt (circle): Yes / No

I have attempted to obtain the receipt (circle): Yes / No

I have made the following attempts to obtain the receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_