

CLIENT INTAKE FORM- DRIVING WHILE INTOXICATED

Name: _____

Mailing Address: _____
(include zip) _____

Residence Address: _____
(if different) _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Email address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Name and _____
Address of _____
Employer _____
Position _____

Marital Status: _____

Number of Dependents: _____

(Please indicate whether you are required to drive at work.)

Have you ever been arrested for or convicted of **any** alcohol-related driving offense in the past, either in NYS or out of state? (includes DWAI and DUI) Y___ N___ If so, list conviction(s) and date(s):

_____ (use page 2 if necessary) **FAILURE TO DISCLOSE ANY PRIORS CAN HURT YOUR CASE. THE LAW HAS CHANGED; OUT OF STATE CONVICTIONS DO COUNT. LIST ALL CONVICTIONS NO MATTER HOW FAR BACK. THE "LOOKBACK" PERIOD IS A MINIMUM OF 25 YEARS. DO NOT ASSUME THEY "DON'T COUNT" IF THEY ARE MORE THAN 10 YEARS OLD.**

Have you ever been arrested for or convicted of **any** other criminal offense, either in NYS or out of state?

Y___ N___ If so, list conviction(s) and date(s)(even if charge was reduced or dismissed – this is necessary for immigration purposes): _____

(use page 2 if necessary)

When did you receive this DWI? _____ What court do you have to appear in? _____

Was there a blood test? Y___ N___

Was there a breath test? Y___ N___

If so, what was the result? _____

Are you out on bail? Y___ N___

Is your license suspended? Y___ N___

If so, why? _____

Did any of your previous alcohol-related convictions involve accidents? Y___ N___

If so, how many? _____ It does NOT matter if no one was hurt.

If, so was anyone injured in those accidents, including yourself? Y___ N___

Does this case involve an accident? Property damage counts. Y___ N___

If so, was anyone injured, including yourself? Y___ N___

Have you ever been on probation for any criminal offense; including DWI? Y___ N___

Are you currently on probation? Y___ N___

Are you a U.S. citizen? Y___ N___

If not, what is your immigration status? _____ (Also, ask for immigration questionnaire from secretary.)

Do you have a valid driver's license? Y___ N___

Is your license suspended or revoked? Y___ N___ If so, why? _____ (use page 2 if necessary)

What do you need a license for? _____

Do you drive back and forth to work? Y___ N___ Do you go to school? Y___ N___

Do you drive at work? Y___ N___ Do you transport children? Y___ N___

Do you drive to medical appointments? Y___ N___ Do you have any special health problems? Y___ N___

Have you ever been in alcohol treatment? Y___ N___ If so, where/when? _____

Did you complete your treatment? Y___ N___

Are you required to have Ignition Interlock on your car? Y___ N___

Do you know what Ignition Interlock is? Y___ N___

How did you find Mr. Corletta? (check one):

Previous Client Referral-Name of person referring: _____
 Telephone Directory Ad Internet Ad Television Ad

How do you intend to pay? (check all applicable)

Cash Check Money Order Credit Card (MC, Visa, Disc., **AMEX**)
Circle all that apply

This information will be used to establish your file and handle your case. Please make sure it is accurate. We rely on this information. Cancellation of any appointments are to be made at least 24 hours in advance, otherwise they are subject to a cancellation fee.

Signature _____ Date ____/____/____

Additional space needed for:

Alcohol-related driving offense (Provide particulars – date, time, arresting police agency, whether accident, BAC, # of drinks, drinking location, etc.) _____

Additional space needed for:

Prior DWI/DWAI and Criminal Offenses: _____

Additional space needed for:

Suspended or Revoked license: _____

