

**LAW OFFICE OF ANDREW HOVERMAN, LLC**

**DUI INFORMATION SHEET**

**GENERAL BACKGROUND**

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

License Class: \_\_\_\_\_ State of License: \_\_\_\_\_

Do you have a CDL license: Y/N If yes, class of license? \_\_\_\_\_

Did the officer confiscate your license? Y/N

Prior Criminal/Traffic Record: \_\_\_\_\_

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

Any prior DUIs? Y/N If yes, date(s): \_\_\_\_\_

Location (County and State): \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
Arrest for other charges? \_\_\_\_\_

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

\_\_\_\_\_  
**INCIDENT**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of stop: \_\_\_\_\_

What law enforcement agency stopped you, e.g. Maryland State Police, County Police, City Police, Park Police? (specify name of agency): \_\_\_\_\_

What did you do during the ten (10) hours prior to the time you started drinking: \_\_\_\_\_

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

When did you eat last prior to being stopped? \_\_\_\_\_

Are you on a special diet? Y/N. If yes, what? \_\_\_\_\_

Time started drinking: \_\_\_\_\_ Location drinking: \_\_\_\_\_

What were you drinking? \_\_\_\_\_

Time of last drink? \_\_\_\_\_

Total drinks: \_\_\_\_\_

**STOP BY OFFICER**

What was the reason the officer gave for stop? \_\_\_\_\_

Do you agree with that reason? \_\_\_\_\_

Immediately prior to the stop, was there anything mechanically wrong with your vehicle? \_\_\_\_\_

Was there any law violation justifying the stop? Y/N If yes, what? \_\_\_\_\_

In general terms, what happened after the officer stopped you? \_\_\_\_\_

Please indicate which of the following field sobriety tests were given and the order given by putting 1, 2, 3 in front of the appropriate test (and describe briefly how you think you did on the test and any adverse conditions; e.g. flashing lights, slope of ground, weather conditions, passing traffic, interruptions, etc.)

\_\_\_ Horizontal Gaze Nystagmus (Pen light test)

How did you perform on the test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_ Walk and Turn (WAT)

How did you perform on the test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

\_\_\_ One Leg Stand (OLS)

How did you perform on the test? \_\_\_\_\_

Adverse conditions: \_\_\_\_\_

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Did the officer give you any other tests (e.g. Recite the alphabet, recite the alphabet backwards, counting test, etc.)? \_\_\_\_\_

Did the officer give you an option to do the tests or decline? \_\_\_\_\_

Did the officer ask you to blow into a device at the scene (this is referred to as a Preliminary Breath Test or PBT and it is different from the machine at the station)? \_\_\_\_\_

Did they tell you the result? Y/N What was the result? \_\_\_\_\_

Anything else happen at the scene that you consider significant? \_\_\_\_\_

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### AT STATION

What kind of test were you given (breath, blood, or urine)? \_\_\_\_\_

If no test was given, please state the reason you refused: \_\_\_\_\_

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If you hold a license from another state, please – to the best of your ability – recite what the officer told you about consequences of refusing the breath test: \_\_\_\_\_

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### IF BREATH TEST:

- a. How long were you observed prior to the test? \_\_\_\_\_
- b. Did you have *anything* in your mouth (gum, chew, tongue ring)? \_\_\_\_\_
- c. Did the officer check your mouth?
- d. Do you remember burping/belching before test?
- e. Anything unusual happen with respect to the breath test?
- f. Did the officer have any trouble programming it?
- g. How many officers were in the room when the breath test was administered?
- h. Did the officer ask you if you had any exposure to paints, glues, solvents or consumed any alcohol of solvent other than ethyl alcohol?
- i. Test Results: \_\_\_\_\_

### IF BLOOD TEST:

- a. Do you know who gave the blood test (usually a phlebotomist)? \_\_\_\_\_
- b. How long after the arrest was the blood test administered? \_\_\_\_\_
- c. Do you know whether or not the viles were inverted (in other words, rolled over)?  
Particularly, if they were not. \_\_\_\_\_

Did the officer ask you any questions at the station? Y/N If yes, what did s/he ask you and what did you tell her/him? \_\_\_\_\_

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Were Miranda warnings given at station? Y/N If yes, did you waive your Miranda rights? Y/N

**GENERAL HISTORY**

Any physical disabilities or limitations that affect your balance, speech, or dexterity? Y/N. If yes, what? \_\_\_\_\_

On the date of incident? Y/N. \_\_\_\_\_ What was it? \_\_\_\_\_

Are you under a doctor's care for this condition? Y/N. How does this affect you? \_\_\_\_\_

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Were you taking any drugs or medications? Y/N. If yes, what? \_\_\_\_\_

Are there any warnings with respect to the use of medication with alcohol? Y/N.

Did you spend any time in jail? Y/N. If yes, how much time? \_\_\_\_\_

Do you have a hiatal hernia? Y/N. Do you have acid reflux/GERD? Y/N.

Any diabetes in family? Y/N. Have you ever been checked for diabetes? Y/N.

Do you have false teeth or plates? \_\_\_\_\_

Do you believe that you were under the influence? Y/N.

Do you believe that you were drunk? Y/N

Do you believe that your operation of the vehicle was affected by alcohol that you consumed?

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What would you like to see happen with respect to the pending charges? (Dismissed, reduced, keep license, restricted license, etc.) \_\_\_\_\_

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We need the people, who would have seen you drinking or who had contact with you at any time before or within a reasonable period of time after the arrest to establish things as it relates to your drinking and sobriety.

Please list the **name(s), address(es) and telephone number(s)** of all witnesses.

Name:

Address:

Telephone: