

# TUFT & ARNOLD LAW OFFICES, P.A.

2109 COUNTY ROAD D EAST  
MAPLEWOOD, MN 55109-5444  
(O) (651) 771-0050  
(F) (651) 771-0850

## DWI QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (State)

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

Telephone (H) \_\_\_\_\_; (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Charge(s) (Cite to specific statute or ordinance, if possible)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Where offense did offense occur?: \_\_\_\_\_  
(City) (County)

## COURT APPEARANCE INFORMATION

Date of first court appearance: \_\_\_\_\_

Release status: (circle one) Own Recognizance      Care of Relative      Bail/Bond  
Posted? Yes      No

Place: \_\_\_\_\_ Judge: \_\_\_\_\_ Prosecutor: \_\_\_\_\_

Activity: \_\_\_\_\_

Continued to: (circle one) Omnibus Hearing      DC/Pretrial      Court trial      Jury trial

Date of second appearance: \_\_\_\_\_ Plea entered? Yes \_\_\_\_\_ No \_\_\_\_\_

Sentence: \_\_\_\_\_  
\_\_\_\_\_

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## FINANCIAL INQUIRY

Present employer \_\_\_\_\_ Work phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_ Length of employment \_\_\_\_\_  
Net weekly/monthly wages \_\_\_\_\_ Number of persons supported by wages: \_\_\_\_\_  
If unemployed, how long since last employed \_\_\_\_\_.  
Previous employer \_\_\_\_\_  
Are you receiving public aid (unemployment, welfare, social security)? \_\_\_\_\_

Marital Status:

Single

Married

Divorced

Separated

If applicable:

Spouse's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Type of work \_\_\_\_\_ Net monthly/weekly wages \_\_\_\_\_

Names of Dependents

Relationship to client

Ages

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## PERSONAL HISTORY

Prior Criminal Record (include traffic - if charged with traffic offense)

Charge

Date

Sentence

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Are you on probation, parole or under a stayed sentence? Are there other charges pending against you? If yes, name of probation officer.

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Have you ever failed to appear in Court? Yes No

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_

Length of Service \_\_\_\_\_ Discharge type: \_\_\_\_\_

Length of residence in metropolitan area: \_\_\_\_\_

Education: \_\_\_\_\_

Physical and Mental condition \_\_\_\_\_

Present physical disabilities or illnesses: \_\_\_\_\_

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Presently are you under medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever consulted a psychologist or psychiatrist?

Do you have a drinking or drug problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Ever sought any help? Where

Name(s) of two relatives or close friends, with phones, whom I could contact if necessary:

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

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

Do you have a valid Minnesota Drivers License: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have liability insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a high risk? Yes \_\_\_\_\_ No \_\_\_\_\_

## PROCEDURAL QUESTIONS

Was a formal complaint made? Yes \_\_\_\_\_ No \_\_\_\_\_

(If so attach to this report)

Arrest:

By whom: (Note whether citizens arrest, name address and phone):

When?

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Where?

Did person making arrest observe the behavior of defendant for which defendant was arrested?

Time spent in jail prior to arraignment/trial:

Everything you know about the charge in chronological order.

Were you given any examination (physical, blood sample, narcotics or alcohol test, body inspection of any sort, or any examination) by a doctor or psychiatrist?

Yes                      No                      If so what type? \_\_\_\_\_

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Were you placed in a line-up or identified by photographs?

Yes                      No                      What procedures were followed? \_\_\_\_\_

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Were you struck or roughly handled in arrest or thereafter?

Yes                      No

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Describe details and include officer's name and badge number if possible. \_\_\_\_\_

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Was Miranda warning given?

Yes                      No

What questions were you asked and what did you say? \_\_\_\_\_

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Did the police, at the time of arrest or any other time take property from the your person, home, place of work, automobile, place where you were, or place of any other person?

Yes                      No

Property seized: \_\_\_\_\_

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Circumstances of seizure: \_\_\_\_\_

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Other State Witnesses

Name	Address	Phone	Interviewer
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Defense Witnesses:

Name	Address	Phone	Subpoenaed
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Other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_