

# WEGNER III BUCHANAN

How did you hear about us: \_\_\_\_\_

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

Gender: Male or Female (circle one)      Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

When is your next court date: \_\_\_\_\_

## **CONTACT INFORMATION**

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (optional): \_\_\_\_\_

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

## **DWI DETAILS**

Date and time of DWI arrest: \_\_\_\_\_

Location of DWI arrest: \_\_\_\_\_

Which police agency arrested you: \_\_\_\_\_

The arresting officer(s) name(s) (If you remember): \_\_\_\_\_

If the officer pulled you over, did he explain why?:

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Where you arrested (handcuffed) before the chemical (blood or breath) test was conducted? Yes or No (circle one).

Approximately how many minutes went by from the time you were arrested (handcuffed) until you arrived at the chemical test (blood, breath or urine test)?: \_\_\_\_\_

Approximately how many minutes went by from the time you arrived at the chemical test location until you took the first chemical test (blood, breath or urine test)?: \_\_\_\_\_

How much time elapsed between finishing your last drink and taking the chemical test?

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Please describe the number of drinks you consumed, what you consumed and when you consumed it for a period of 8 hours before the arrest:

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Please describe what food you ate and when you ate it for a period of 8 hours before the arrest:

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Were you asked to perform field sobriety tests? Yes or No (circle one). If so, explain the tests you were asked to perform?

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Please describe any medical conditions, injuries or physical constraints from which you suffer (especially those that may have affected your ability to perform the field sobriety tests):

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Do you suffer from GERD, acid reflux or frequent heartburn? Describe:

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Do you suffer from any pulmonary (lung) impairments? If yes, explain:

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Describe any allergies you suffer from and whether this has been diagnosed:

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**DRIVING/CRIMINAL RECORD**

Do you have any prior DWI arrests? Yes or No (circle one) If so, how many, when, and where did the arrests occur?

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Do you have any prior DWI convictions? Yes or No (circle one) If so, how many, when and where did the convictions occur?

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Have you ever been charged with having committed a misdemeanor or felony? Yes or No (circle one). If yes, explain:

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Have you ever been convicted of committing a misdemeanor or felony? Yes or No (circle one). If yes, explain:

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Has your drivers license ever been suspended or revoked? Yes or No (circle one). If yes, explain:

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**PLEASE BRING ALL PAPERWORK YOU HAVE RELATING TO YOUR DWI ARREST TO YOUR INITIAL ATTORNEY CONSULTATION.**