



CENTER FOR MILITARY LAW

"FOCUSED ON OUR CLIENTS"

PLEASE PROVIDE THE FOLLOWING INFORMATION AS ACCURATELY AND COMPLETE AS POSSIBLE. WE WILL NOT DISCLOSE ANY INFORMATION DISCLOSED UNLESS IT IS AUTHORIZED BY YOU AND PURSUANT TO WASHINGTON, D.C. AND NORTH CAROLINA STATE BAR'S RULES OF PROFESSIONAL RESPONSIBILITY. ALL INFORMATION REQUESTED IS NECESSARY TO PROVIDE OUR CLIENTS WITH THE BEST POSSIBLE REPRESENTATION. THANK YOU.

CLIENT INFORMATION

DATE: _____

DWI

CLIENT : _____
FIRST MIDDLE LAST RANK

DR. MR. MS. OR MRS. (CIRCLE ONE) MAIDEN NAME: _____

SPOUSE'S FULL NAME, IF MARRIED: _____

IS IT OKAY TO DISCUSS YOUR CASE WITH SPOUSE? YES OR NO

PLEASE LIST THE PHONE NAME AND PHONE NUMBER OF EVERY PERSON YOU AUTHORIZE US TO SPEAK WITH REGARDING YOUR CASE:

DO YOU HAVE KIDS: YES OR NO HOW MANY? _____

ARE YOU PAYING CHILD SUPPORT? YES OR NO

DO THE CHILDREN RESIDE WITH YOU? YES OR NO

PHYSICAL

ADDRESS: _____
STREET

CITY COUNTY STATE ZIP

Mailing Address: SAME AS ABOVE: YES OR NO

STREET/PO BOX

CITY COUNTY STATE ZIP

ELECTRONIC

ADDRESS: PRIMARY EMAIL ADDRESS: _____ @ _____

WORK EMAIL ADDRESS: _____ @ _____

FACEBOOK: _____

TWEETER: _____

DO YOU CHECK YOUR EMAIL ON A REGULAR BASIS AND DO YOU FEEL COMFORTABLE WITH US SENDING NOTICES REGARDING YOUR CASE VIA EMAIL ONLY: YES OR NO

PHONE:

HOME WORK

CELL EMERGENCY CONTACT – NAME AND NUMBER

IF MINOR:

FATHER: _____ PHONE: _____

MOTHER: _____ PHONE: _____

PERSONAL: _____ - _____ - _____
SSN DATE OF BIRTH

DRIVER'S LICENSE NUMBER/STATE OF ISSUANCE

IS YOUR LICENSE VALID: YES OR NO

EDUCATION:

PLEASE CIRCLE HIGHEST LEVEL COMPLETED AND ALL APPLICABLE:

SOME HIGH SCHOOL GED SOME COLLEGE ASSOCIATES

SCHOOL DEGREE

BACHELOR'S MASTERS DOCTRATE VOCATIONAL/TRADE

NAME, DATE OF COMPLETION, & LOCATION OF HIGH SCHOOL: _____

NAME, DATE OF COMPLETION, DEGREE EARNED, NATURE OF STUDIES IN COLLEGE/VOCATIONAL:

EMPLOYMENT: ARE YOU EMPLOYED: YES OR NO

NAME AND ADDRESS OF EMPLOYER: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

DO YOU RECEIVE DISABILITY: YES OR NO

MENTAL

HEALTH: HAVE YOU EVER RECEIVED MENTAL HEALTH TREATMENT/COUNSELING: YES OR NO

IF SO, PLEASE STATE TREATMENT FACILITY, NAME OF TREATING COUNSELOR, DIAGNOSIS IF ANY, MEDICATIONS TAKEN, TREATMENT RECEIVED, AND CURRENT TREATMENT:

HEALTH: DO YOU CURRENTLY HAVE ANY HEALTH PROBLEMS, INCLUDING DRUG AND/OR SCHOOL ADDICTIONS: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE PROBLEM AND TREATING PHYSICIAN: _____

MILITARY

SERVICE: WERE YOU EVER A MEMBER OF THE ARMED SERVICES: YES OR NO

BRANCH: _____ RANK: _____

LENGTH OF SERVICE: _____ MOS: _____
DISCHARGE TYPE: _____ CLEARANCE: YES OR NO
UNIT: _____

CRIMINAL

HISTORY: ARE YOU CURRENTLY ON PROBATION: YES OR NO

IF SO, WHO IS YOUR PROBATION OFFICER AND THEIR PHONE NUMBER: _____

IF SO, PLEASE STATE THE COUNTY WHERE YOU ARE SUPERVISED: _____

IF SO, PLEASE STATE THE COUNTY WHERE YOU WERE CONVICTED, THE NATURE OF THE CHARGES, THE LENGTH OF PROBATION, AND THE LENGTH OF ANY ACTIVE SENTENCE SHOULD YOUR PROBATION BE TERMINATED: _____

YOU HAVE ANY OTHER PENDING CHARGES: YES OF NO

IF SO, WHAT ARE THE CHARGES, COUNTY WHERE PENDING, UPCOMING COURT DATES, THE NAME AND PHONE NUMBER OF AN ATTORNEY IF YOU ARE REPRESENTED:

HAVE YOU BEEN CONVICTED OF A FELONY: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: _____

DO YOU HAVE ANY PRIOR DWI? IF SO PLEASE STATE DATE OF CONVICTION AND COUNTY AND STATE OF CONVICTION: _____

CURRENT

CHARGES: WHAT ARE YOU CHARGED WITH: _____

WHAT STATE, COUNTY, OR INSTALLATION? _____

AGENCY AND NAME OF LAW ENFORCEMENT OFFICER: _____

HAVE YOU MADE A STATEMENT REGARDING YOUR CHARGES: YES OR NO

IF SO, TO WHOM: _____ DATE: _____

WHERE GIVEN: _____

WHO WAS PRESENT WHEN STATEMENT GIVEN: _____

DATE OF OFFENSE? _____ DATE ARRESTED? _____

TIME OCCURRED? _____ WEATHER CONDITIONS? _____

WERE YOU IN ACCIDENT? IF SO DESCRIBE WHAT HAPPENED, INCLUDE OTHER VEHICLES, WITNESSES, ETC. (ATTACH ADDITIONAL SHEETS IF NECESSARY):

IF IN AN ACCIDENT DID YOU ADMIT YOU WERE DRIVING TO THE OFFICER? YES OR NO

DID YOU GO TO THE HOSPITAL? YES OR NO

WAS THERE ANYONE ELSE PRESENT? IF SO NAME AND PHONE NUMBER? _____

WHAT DID THE OFFICER TELL THE REASON WAS FOR PULLING YOU OVER? _____

DID THE OFFICER INFORMED YOU WERE UNDER ARREST? YES OR NO

DID YOU SUBMIT TO A BREATH TEST AT SCENE WHERE STOPPED? YES OR NO

WHAT WAS THE RESULT IF KNOWN: _____ HOW MANY TIMES DID YOU BLOW? _____

DID YOU SPEND ANY TIME IN JAIL PRIOR TO BE BONDED? YES OR NO

HOW MANY DAYS? _____ BOND AMOUNT? _____

WERE YOU RELEASED TO ANOTHER PERSON? IF SO STATE THE NAME AND NUMBER OF THAT PERSON:

DID YOU TAKE ANY PHYSICAL TEST? YES OR NO WHERE? _____

DESCRIBE LIGHTING CONDITIONS? _____

DESCRIBE AREA WHERE YOU PERFORMED TEST? _____

AT THE LAW ENFORCEMENT CENTER, DID YOU SUBMIT TO THE BREATHALYZER?

YES OR NO

DID THE OFFICER INFORM YOU OF YOUR RIGHTS RELATING TO THE BREATHALYZER?
YES OR NO

WHAT WAS THE RESULT? _____ DID YOU REFUSE TO TAKE THE TEST? _____

DID YOU CALL A WITNESS TO WATCH YOU PERFORM THE TEST? YES OR NO

IF SO, STATE THE NAME AND PHONE NUMBER OF THAT PERSON AND IF THEY WITNESSED THE TEST? _____

DID THE OFFICER READ YOU YOUR MIRANDA RIGHTS AT ANYTIME? YES OR NO

IF SO, WHEN AND WHERE DID HE DO SO? _____

IF YOU HAD A VALID LICENSE AT THE TIME OF THE DWI AND YOUR LICENSE WAS TAKEN BY THE MAGISTRATE FOR A CIVIL REVOCATION PERIOD OF THIRTY (30) DAYS THEN WE MAY BE ABLE TO GET YOU A LIMITED DRIVING PRIVILEGE FOR THE LAST TWENTY DAYS OF YOUR THIRTY (30) DAY SUSPENSION. IN ORDER TO GET YOU A LIMITED DRIVING PRIVILEGE WILL THE NEED THE FOLLOWING :

1. ASSESSMENT PERFORMED, THERE IS PRI IN LILLINGTON OR RAIN TREE CLINIC IN FAYETTEVILLE
2. DL123 - PROOF OF INSURANCE
3. LETTER FROM YOUR EMPLOYER STATING YOUR WORK HOURS IF YOU WORK ON THE WEEKENDS OR PAST 8:00 PM ON THE WEEKDAYS

AFTER THE THIRTY (30) DAY PERIOD YOU LIMITED DRIVING PRIVILEGE WILL EXPIRE, AND YOU CAN GO TO THE CLERK'S OFFICE AT THE COURTHOUSE AND GET YOUR LICENSE BACK. PLEASE NOTE THE CLERK CHARGES A FEE FOR THE LIMITED DRIVING PRIVILEGE AND CIVIL REVOCATION FEE WHEN YOU PICK YOUR LICENSE UP. ONCE YOU HAVE PAID THE FEE AND HAVE YOUR LICENSE YOU MAY OPERATE A VEHICLE UNRESTRICTED UNTIL SUCH TIME AS THE DWI IS RESOLVED IN COURT.