

**BOREN,  
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ATTORNEYS AT LAW  
*est. 1981*

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

**DUI INTAKE**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ Sex  Male  Female Driver's License No. \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long at this Address? \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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

Alternative Phone Number/  
Method of Contact \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Arresting Agency \_\_\_\_\_

Charges Pending: \_\_\_\_\_

Judge \_\_\_\_\_ Prosecutor \_\_\_\_\_

County \_\_\_\_\_ Was there a Breath Test?  Yes  No

If Yes, what was the test result? \_\_\_\_\_

What was your weight? \_\_\_\_\_

When you last ate before your arrest? \_\_\_\_\_

Individuals with whom you drank: \_\_\_\_\_

Time of Arrest \_\_\_\_\_ Time of last drink: \_\_\_\_\_

Type of alcohol beverage \_\_\_\_\_ Where were you drinking? \_\_\_\_\_

If Yes: What were the results? \_\_\_\_\_

List all other previous arrests/ convictions:

Conviction \_\_\_\_\_  
Date: \_\_\_\_\_ County of Charge \_\_\_\_\_

Conviction \_\_\_\_\_  
Date: \_\_\_\_\_ County of Charge \_\_\_\_\_

Conviction \_\_\_\_\_  
Date: \_\_\_\_\_ County of Charge \_\_\_\_\_

Conviction \_\_\_\_\_

Date: \_\_\_\_\_ County of  
Charge \_\_\_\_\_

1. Do you suffer from  
heartburn or reflux?

\_\_\_\_\_

2. Do you suffer from  
Diabetes?

\_\_\_\_\_

3. Do you work with  
paint thinners or  
chemicals?

\_\_\_\_\_

4. Do you have heart  
disease?

\_\_\_\_\_

5. What medications do  
you take?

\_\_\_\_\_

6. Do you have any liver  
dysfunctions?

\_\_\_\_\_

7. What surgeries have  
you had?

\_\_\_\_\_

8. Have you ever  
suffered a close head  
injury?

\_\_\_\_\_

9. Do you have any  
neurological  
disorders?

\_\_\_\_\_

10. Do you have a hiatal  
hernia?

\_\_\_\_\_

11. Do you have high  
blood pressure?

\_\_\_\_\_

12. Do you smoke or use  
smokeless tobacco?

\_\_\_\_\_

13. Do you suffer from any spinal disease?

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14. Do you have arthritis?

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15. Have you ever had knee surgery?

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16. Have you ever had back surgery?

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17. Do you wear contact lenses?

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18. Do you have any ear infections or diseases?

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19. Do you have any visual problems?

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20. Have you ever suffered from emphysema?

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How were you referred to our office:

Google       Bing       Facebook       AVVO       FindLaw       Newspaper       Radio

Friend/Family: \_\_\_\_\_  Lawyer: \_\_\_\_\_

Other: \_\_\_\_\_

**FOR ATTORNEY USE ONLY:**

**Fee:** \_\_\_\_\_  **Hourly**  **Flat**

**General:** \_\_\_\_\_

**Escrow:** \_\_\_\_\_

**Filing Fee:** \_\_\_\_\_

**County:** \_\_\_\_\_

**ATTORNEY NOTES:**