

**BOREN,  
OLIVER &  
COFFEY, LLP**  
ATTORNEYS AT LAW  
*est. 1981*

John D. Boren  
johnboren@boclawyers.com  
Board Certified  
Civil Trial Advocate

Stephen A. Oliver  
steveoliver@boclawyers.com  
Registered Mediator

Dale S. Coffey  
dalecoffey@boclawyers.com

Glen E. Koch II  
glenkoch@boclawyers.com

Kristopher A. Fuller  
krisfuller@boclawyers.com

Justin T. Boren  
justin@boclawyers.com

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

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

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

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

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

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

Conviction: \_\_\_\_\_

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

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

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:**