



DUI/DWI Questionnaire

Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

1. Month and year of arrest(s):

2. Month and year of conviction(s):

3. Was any jail time served? ___ Yes ___ No
If so, for how long and when were you released?

4. Was any probation served? ___ Yes ___ No
If so, for how long and when did it end?

If currently on probation, expected date to be released?

5. Has your license ever been suspended or revoked? ___ Yes ___ No
If so, when and when do you expect it to be reinstated?

6. Did sentencing include any mandatory alcohol counseling services? ___ Yes ___ No
If so, were those completed and when?

7. Are you on any current medications? (please provide name on dosage amount)

8. Please provide any additional medical information and conditions: