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## Law Office of Westbrook Johnson, LLC

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

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ CDL:  Yes  No

Address: \_\_\_\_\_  
\_\_\_\_\_  House  Apartment

Who else lives there? \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Okay to leave voicemails? \_\_\_\_\_

Email address: (only if you check it) \_\_\_\_\_

Place of birth: \_\_\_\_\_ Immigration status: \_\_\_\_\_

Do you need an interpreter? \_\_\_\_\_ Language: \_\_\_\_\_

Are you on probation?  bench  formal. Where? \_\_\_\_\_

Probation case number (if known) \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Branch: \_\_\_\_\_ Discharge status: \_\_\_\_\_

For the case you are here to discuss, when were you arrested/cited? \_\_\_\_\_

Were you driving?  Yes  No

Did anyone see you driving?  Yes  No

If you were pulled over while driving, what did law enforcement say was the reason for pulling you over? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree with him/her? \_\_\_\_\_

Who else was in the car? \_\_\_\_\_

Were there any minors in the car? \_\_\_\_\_

Was there a crash or accident?  Yes  No

If yes, was anyone injured, either in your car or another's? \_\_\_\_\_ Who? \_\_\_\_\_

Did you or anyone else receive medical care? \_\_\_\_\_

Where? \_\_\_\_\_

Did you participate in roadside tests (walking on a line, standing on one foot, etc.)?  Yes  No

If yes, where? (side of the road, parking lot, etc.) \_\_\_\_\_

Were you told if you were being recorded? \_\_\_\_\_

Were you handcuffed and taken to a police station? \_\_\_\_\_

If yes, did you take a breath test?  Yes  No

If yes, what was the result? \_\_\_\_\_

If the incident was more than 10 days ago, did you file for a DMV hearing?  Yes  No  IDK

If yes, what is the date for the hearing? \_\_\_\_\_

When and where is the next court date on the Driving Under the Influence of Intoxicants charge? \_\_\_\_\_

#### PRIOR DUII ACCUSATIONS/CONVICTIONS

Have you ever been charged with or convicted of a driving offense that involved alcohol or controlled substances in Oregon or any other place?  Yes  No

If yes, where and when? \_\_\_\_\_

Did you participate in any drug/alcohol classes or treatment?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

How did you hear about the Law Office of Westbrook Johnson, LLC? \_\_\_\_\_

The purpose of an initial consultation is to assess whether my legal services can be of use to you and, if so, to discuss the fees for my services. It may not be possible to make that determination given the time allotted for our meeting or with the information that you can provide. Following our consultation, you may decide not to retain me or I may decline to represent you. For me to act as your attorney, you and I must agree in writing to the terms of my representation.