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Please tell us how you heard about us:

- TV
- Waco Pages
- Yellowbook Greater Waco Pages
- AT&T "real" Yellow Pages
- Referral from Attorney: _____.
- Thrifty Nickel
- Referral from friend: _____
- Court appointment
- Other-specify _____

PLEASE ATTEMPT TO ANSWER EVERY QUESTION. HOWEVER, DO NOT ANSWER QUESTIONS THAT DO NOT APPLY TO YOUR CASE.

Date: _____

1. Your name: _____

2. Your home address, including the city where you live and zip code: _____

Phone: _____ Cellular: _____ Pager: _____

(If you do not have a phone, please list a number where you can be reached by message!)

3. Your Age: _____ Date of Birth: _____ Sex: _____ Citizenship: _____

Social Security No. _____ Driver's License No. _____

Color of Hair _____ Color of eyes _____ Weight _____ Height _____

4. Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____

Spouse's Present Address: _____

Telephone No. _____

5. Children and Dependents:

Name	Age	Relationship	Address	Amount of Support
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6. What crime are you charged with? _____

7. Language Ability:

English: Speak Write Read

Spanish: Speak Write Read

Other: _____ Speak Write Read

8. Education:

Please list your highest grade completed: _____

9. Employment:

Where do work? _____

How long have you worked there? _____

What is your salary? _____

10. Military Service:

Branch of Service: _____ Length of Service: _____

Final Rank: _____ Type of Discharge: _____

Serial No. _____ Honors, Medals, Awards: _____

Combat Duty: _____ Service Abroad: _____

Court-Martial:

Charge: _____ Outcome: _____

Charge: _____ Outcome: _____

11. Health Record:

Are you under a doctor's care? Yes No

Do you have any chronic health problems? Yes No

Are you being treated, or have you EVER been treated for:

Drug Addiction Yes No

Alcoholism Yes No

Epilepsy/Stroke Yes No

Traumatic Head Injury Yes No
Psychiatric Evaluation Yes No

12. Prior criminal record (including juvenile record):

Have you been convicted of any crime other than traffic tickets? Yes No

If yes, please list all convictions:

13. Are you currently on probation or parole?

Probation Yes No Charge _____

Parole Yes No Charge _____

Who is your supervising officer? _____

14. Who is your bondsman? _____

15. How much is your bond? _____

16. Were any of the following tests made after arrest? (Circle all that apply.)

- Blood Test
- Urine Sample
- Hair Sample
- Breath Test
- Fingerprints
- Photographs
- Handwriting sample
- Voice sample
- Any other? _____

Did the police do a medical or psychiatric examination: Yes No

Did you give them permission? Yes No

Where tested? _____

Duration and extent of tests: _____

Any statements to police or doctor during tests? _____

17. Lineup and identification:

Were you taken back to the scene of arrest? Yes No

If yes, were you under arrest at the time? Yes No

Were you given your Miranda warnings prior to this time? (Miranda warnings are you have the “right to remain silent; you have the right to an attorney,” etc.). Yes No

Was there an identification made? Yes No

Were you ever in a live lineup? Yes No

If yes, where and when? _____

18. Circumstances of Arrest:

Date: _____ Time: _____ Place _____

Were you arrested because you had an arrest warrant out on you? Yes No

Were there any witnesses to your arrest? Yes No

Who are they? _____

Was anybody else arrested beside you? Yes No

Did you resist arrest? Yes No

19. Arrest Search:

At the time that you were arrested, did the police or anyone else search your :

Vehicle: Yes No

Home: Yes No

Personal items Yes No

Your person: Yes No

If you answered yes to any of the above, did you give consent to search? Yes No

20. Statements by client:

Did you give a statement to police? By statement, this means any information beyond your driver's license, home address, etc. Yes No

Before you gave them that information, were your Miranda warnings given? Yes No

Did you give a written statement? Yes No

Did you give an oral Statement? Yes No

Prior to your statement or at anytime during giving your statement, did you ask to see an attorney?
Yes No

Did the police honor your request? Yes No

Did you ever ask them to stop questioning you? Yes No

Did they stop? Yes No

How long did questioning continue? _____

Who conducted questioning? _____

Who else was present? _____

Did you say anything to anyone other than interrogating officers? Yes No

To whom?

What was said?

21. Please list the other defendants/persons arrested:

Names

Address

Do you have a job? Y / N If yes, where do you work? _____

Work address & phone: _____

What days and hours do you work? Sun _____ Mon _____ Tue _____

Wed _____ Thu _____ Fri _____ Sat _____

Did you blow into the portable breath machine while still out in the field?

Yes No

If yes, do you know your results?

Yes No

If yes, what were they?

Did you blow into the Intoxolyzer:
(The machine at the jail.)

Yes No

If yes, do you know your results?

Yes No

If yes, what were they?

Was the Administrative License Revocation procedure explained to you?

Yes No

Have you requested a hearing concerning the Administrative License Revocation?

Yes No