



## DUI & DRIVING CRITICISM QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Gender \_\_\_\_\_

Any history of DUI/DWI? YES ☐ NO ☐

If yes, please list dates of DUI(s): \_\_\_\_\_

\_\_\_\_\_

Ever had a DUI charge pled down to a lesser charge, i.e. reckless driving? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Any history of the following moving violations in the last 5 years?

- ☐ Accidents - involving injury, death, hit & run, or major property damage
- ☐ Accidents - no injuries, minor property damage (fender-bender, etc.)
- ☐ Speeding <15 mph over limit
- ☐ Speeding >15 mph over limit
- ☐ Reckless driving
- ☐ Minor moving violations including improper turn, failure to yield, running stop sign
- ☐ Driving while license suspended
- ☐ Driving while license revoked

If you checked any of the above, please provide dates and details of each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If any history of more than one DUI, please also complete the alcohol use questionnaire.