

DWI New Jersey Free Evaluation form

Contact Information:

Print Name: Last

First

Middle Initial

Address (*Street Name and Number*)

City

State

Zip Code

Telephone Numbers

Home: _____ Work: _____ Cell: _____ Other: _____

Email: _____

In what court are you charged?

On what date were you charge?

What charges did you receive?

What police department issued the charges?

How many prior breath test refusal convictions do you have?

How many prior DWI convictions do you have?

Was there an accident?

Were you within 1,000 feet of a school?

Was blood, breath, or urine taken from you?

What other sobriety test did you submit to?

Were you videotaped?

Were you photographed?

Were you fingerprinted?

Do you have a commercial driver license?

Do you have vanity plates?

Do you travel to Canada?

What other concerns do you have?