

# CLIENT INTAKE SHEET (DWI/DUI)

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
*(First)* *(Middle)*

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
*(Month)* *(Year)* *(Day)*

DRIVER'S LICENSE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
*(Issuing State)* *(DL Number)*

PRIMARY MAILING ADDRESS: \_\_\_\_\_  
*(Street / PO Box)*  
*(City)* *(State)*

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

IF YOU ARE EMPLOYED: \_\_\_\_\_ IF YOU ARE A STUDENT: \_\_\_\_\_  
*(Name of Employer)* *(Name of Educational Institution)*

DATE OF ARREST/CITATION: \_\_\_\_\_ ARRESTING/ CITING AGENCY: \_\_\_\_\_

**IF THERE ARE ANY PERSONS THAT YOU WISH TO AUTHORIZE THIS LAW OFFICE TO SPEAK WITH ABOUT YOUR CASE, PLEASE LIST BELOW.**

NAME	RELATIONSHIP	PHONE #
_____	_____	_____

REFERRED BY: \_\_\_\_\_

**PLEASE REMEMBER TO FILL OUT THE SECOND PAGE**

Charged:      DWI – _____ / DUI  Contract Terms: _____	<b>FOR OFFICE USE ONLY</b>	File Created By: _____
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**REQUEST FOR ADMINISTRATIVE HEARING**

**DIC-26 (1/95)**

You may request a hearing to contest the suspension by calling 1-800-394-9913, or completing this form and faxing it to 1-512-424-2650 or mailing to:

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
DRIVER IMPROVEMENT AND CONTROL  
P.O. BOX 4040  
AUSTIN, TEXAS 78773-0001**

This request must be received by the Texas Department of Public Safety not later than 15 days after the date on which you were served a NOTICE OF SUSPENSION. You will be notified by mail when and where to appear.

PLEASE PRINT

DO YOU WANT A HEARING \_\_\_\_\_ BY PHONE \_\_\_\_\_ **X** \_\_\_\_\_ IN PERSON

\_\_\_\_\_  
NAME                      FIRST                      MIDDLE                      LAST                      DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER                      STATE                      RACE                      SEX                      EYES

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE                      **979 / 779 - 9388**                      DAYTIME PHONE NUMBER

\_\_\_\_\_  
DATE OF ARREST                      COUNTY OF ARREST                      ARRESTING AGENCY

WERE YOU CHARGED WITH REFUSING A BREATH OR BLOOD TEST?                      \_\_\_ YES \_\_\_ NO

DO YOU WANT THE BREATH TEST OPERATOR AT THE HEARING (see reverse side)                      \_\_\_ YES \_\_\_ NO

DO YOU WANT THE BREATH TEST TECHNICAL SUPERVISOR AT THE HEARING?                      \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**979 / 779 - 9388**  
DAYTIME PHONE NO.                      EXTENSION                      SIGNATURE

**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
DATE HEARING REQUEST RECEIVED