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DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY MO 65105-3700

FORM
2385
(REV 07-2010)

(573) 751-4833 * (573) 526-3452
SUSPENSION/REVOCAION STARTS 15
DAYS FROM DATE NOTICE IS ISSUED

NOTICE OF SUSPENSION/REVOCAION OF YOUR DRIVING PRIVILEGE

USE ONLY WHEN BAG TEST RESULTS ARE OBTAINED

DRIVER'S NAME LAST [REDACTED]	FIRST [REDACTED]	MIDDLE Brian	DRIVER LICENSE NUMBER [REDACTED]	DATE NOTICE IS ISSUED 5-23-11
STREET, RFD, OR BOX [REDACTED]			DRIVER LICENSE EXPIRATION DATE 05/30/2015	
CITY Clinton	STATE MO	ZIP CODE 64735	DRIVER LICENSE CLASS F	ENDORSEMENTS N/A
			RESTRICTIONS N/A	

FOR DRIVERS UNDER AGE 21, INDICATE THE REASON(S) FOR THE STOP:

You have been stopped/arrested upon probable cause that you were driving a vehicle while your blood alcohol level was over the legal limit. Your right to drive will be suspended/revoked 15 days from the date of this notice if you do not request a hearing. If you did not give your driver license to the police officer, you must send it to the Driver License Bureau at the address shown above. (Sections 302.505 to 302.525, RSMo). This notice is separate from any traffic tickets you may have received because of this offense. You will be sent an additional notice if you are convicted in court.

SUSPENSION INFORMATION

If you have not had any alcohol offenses within the past five years, your license will be suspended for 30 days. After your suspension, you may receive a 60-day restricted driving permit for work, school, to attend a Substance Abuse Traffic Offender program (SATOP), and to seek the services of a certified ignition interlock provider. The permit may be issued to you if you file proof of insurance (SR-22). An SR-22 is not required for minors suspended for testing .020% or more. If you had any alcohol offenses prior to this stop/arrest, you will also be required to file proof of installation of an ignition interlock device (IID).

REVOCAION INFORMATION

Your license will be revoked for one year if your driving record shows one or more alcohol-related enforcement contact(s), as defined in Section 302.525, RSMo, within the past five years. After you are reinstated, you must retest for a Missouri Driver License.

NOTICE: COMMERCIAL DRIVER LICENSE (CDL) HOLDERS

You may additionally be subject to disqualification of your commercial driving privileges due to this action, whether or not you were operating a commercial motor vehicle at the time of this offense (Sections 302.700 and 302.755, RSMo). If you are subject to disqualification, you will be sent a separate notice informing you of the disqualification and your appeal rights (Section 302.311, RSMo).

HEARING INFORMATION

You may request a hearing if you wish to show that you were not stopped/arrested for driving with a blood alcohol level over the legal limit.

WHAT HAPPENS IN COURT WITH YOUR TRAFFIC TICKET HAS NOTHING TO DO WITH THIS HEARING (for more hearing information, see the back of this form).

TEMPORARY 15 DAY DRIVING PERMIT

This is your permit to drive during the next 15 days only if your Missouri driver license is not expired and is not currently suspended/revoked/denied as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered YES (Attached) NO

LAW ENFORCEMENT NOTE - Check driver record for the most current information.

This permit is not valid if the driver license is expired, suspended, revoked, denied, or if the person is not licensed to drive in Missouri.

BY ORDER OF THE DIRECTOR OF REVENUE OR HIS/HER DELEGATE

PRINTED NAME OF ARRESTING OFFICER Kevin Schoon (17011889)	NAME OF POLICE AGENCY ACSO
I ACKNOWLEDGE RECEIPT OF THIS NOTICE FROM THE ARRESTING OFFICER	SIGNATURE OF PERSON ARRESTED/STOPPED [Signature]

REQUEST FOR ADMINISTRATIVE HEARING (NOT TO BE COMPLETED BY ARRESTING OFFICER)

I request a hearing to review the suspension/revocation of my driving privilege (see back of notice for instructions).
IF YOU WANT AN IN-PERSON HEARING YOU MUST CHECK THE BOX BELOW. IF YOU DO NOT CHECK THE BOX FOR AN IN-PERSON HEARING, A TELEPHONE HEARING WILL BE SCHEDULED. NO FURTHER REQUEST FOR AN IN-PERSON HEARING WILL BE GRANTED.

CHECK ONLY ONE BOX

I REQUEST A TELEPHONE HEARING I REQUEST AN IN-PERSON HEARING IN THE COUNTY OF ARREST

NAME OF PERSON ARRESTED (PRINT YOUR NAME)	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
STREET, RFD, OR BOX (YOUR ADDRESS)		CITY, STATE, ZIP CODE	
HOME TELEPHONE	OFFICE TELEPHONE	CITY AND COUNTY WHERE ARRESTED	DATE OF ARREST
DRIVER'S SIGNATURE		ARRESTED BY	
ATTORNEY'S NAME	ATTORNEY'S BAR NUMBER	ATTORNEY'S ADDRESS	



MISSOURI DEPARTMENT OF REVENUE
 DRIVER LICENSE BUREAU
 PO BOX 3700
 JEFFERSON CITY MO 65105-3700

**REFUSAL TO SUBMIT TO ALCOHOL/DRUG CHEMICAL TEST
 NOTICE OF REVOCATION OF YOUR DRIVING PRIVILEGE
 15 DAY DRIVING PERMIT**

FORM 4323 (REV. 01-2009)	TELEPHONE NUMBER (573) 751-4833	FAX NUMBER (573) 526-3452
REVOCATION STARTS 15 DAYS FROM DATE NOTICE IS ISSUED		

USE ONLY FOR REFUSAL TO TEST

DRIVER'S NAME LAST FIRST MIDDLE [REDACTED]	DRIVER LICENSE NUMBER [REDACTED]	DATE NOTICE IS ISSUED [REDACTED]
STREET, RFD, OR BOX [REDACTED]	DRIVER LICENSE CLASS F	EXPIRATION DATE 04/29/2012
CITY LEES-SUMMIT	STATE MO	ZIP CODE 64086
ARRESTED/STOPPED PERSON'S SIGNATURE [REDACTED]		

I ACKNOWLEDGE RECEIPT OF THIS NOTICE FROM THE ARRESTING OFFICER

CHEMICAL REFUSAL REVOCATION

You refused to submit to a chemical test of your blood alcohol level. Your driving privilege will be revoked for one year, 15 days from the date of this notice. If you did not give your driver license to the police officer, you must send it to the Driver License Bureau at the address shown above. (Section 577.041, RSMo) This notice is separate from any traffic tickets you may have received because of this offense. You will be sent an additional notice if you are convicted in court.

The following items must be submitted to the address shown below before your revocation period ends:

- \$45 reinstatement fee. Money order or personal check is acceptable. Please include your full name, address, date of birth and driver license number. The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. Reinstatement fee payments may also be accepted by telephone using the following debit/credit cards: Visa, Mastercard, Discover and American Express.
- Substance Abuse Traffic Offender Program (SATOP) completion form or a comparable program completion form. The Division of Alcohol and Drug Abuse will send the form directly to the Department of Revenue after you complete the program. If you have questions regarding SATOP-comparable programs, please contact a certified SATOP Offender Management Unit near you or contact the Division of Alcohol and Drug Abuse at (573) 522-4020 or at www.dmh.missouri.gov/ada/satop.

MAIL TO:
 Driver License Bureau
 PO Box 200
 Jefferson City, MO 65105-0200

STREET ADDRESS:
 Driver License Bureau
 301 West High Street, Room 470
 Jefferson City, MO 65105

NOTICE: COMMERCIAL DRIVER LICENSE (CDL) HOLDERS

You may additionally be subject to disqualification of your commercial driving privileges due to this action, whether or not you were operating a commercial motor vehicle at the time of this offense (Sections 302.700 and 302.755, RSMo). If you are subject to disqualification, you will be sent a separate notice informing you of the disqualification and your appeal rights (Section 302.311).

HOW DO I APPEAL THE REVOCATION OF MY LICENSE?

You have 30 days from the date this notice was issued to file a Petition for Review with the Circuit or Associate Circuit Court. Your petition must be filed in the county where the arrest/stop occurred. (Sections 302.311 and 577.041, RSMo)

WHAT HAPPENS IN COURT WITH YOUR TRAFFIC TICKET HAS NOTHING TO DO WITH THIS HEARING.

TEMPORARY 15 DAY DRIVING PERMIT

This is your permit to drive during the next 15 days only if your Missouri driver license is not expired and is not currently suspended/revoked as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered YES (Attached to carbon copy for Department of Revenue)
 NO

LAW ENFORCEMENT NOTE — Check driver record for the most current information.

This permit is not valid if the driver license is expired, suspended, or revoked or if the person is not licensed to drive in Missouri.

BY ORDER OF THE DIRECTOR OF REVENUE OR HIS/HER DELEGATE

PRINTED NAME OF ARRESTING OFFICER

NAME OF POLICE AGENCY

T.P.R. DL. JOHNSON

MSHP

VISIT OUR WEBSITE AT www.dor.mo.gov

FORM 8-1

DUI CLIENT QUESTIONNAIRE

NOTE TO CLIENT: PLEASE ADD ANY INFORMATION YOU THINK IS IMPORTANT ON ADDITIONAL PAGES

DATE OF COMPLETION OF FORM: _____

DO YOU HAVE ANY DIFFICULTY READING OR WRITING? _____

1. Personal information

Name: _____

Address: _____

Phone: Home () _____ Work () _____

Cell () _____ Fax () _____

Alternate Contact Information

1) Name: _____ Aware of charges? _____

Their Contact Information: _____

2) Name: _____ Aware of charges? _____

Their contact information: _____

Employer: _____

Job title: _____

Date of birth: _____ Age: _____ Height: _____ Weight: _____ lbs.

SSN: _____ Hair color: _____ Eye Color: _____

Marital status: _____

Children: _____ Names & Ages: _____

Military service: YES NO Branch of service: _____

Date of entry: _____ Date of discharge: _____

Highest rank: _____ Medals or Honors: _____

U.S. Citizen? YES NO D.L. #: _____

Licensed pilot? YES NO D.L. Class: _____ State: _____

Endorsements: _____

Restrictions: _____

Professional license(s): _____

Travel plans (Dates unavailable for court): _____

Where do you normally keep your driver's license? _____

Do you ordinarily have difficulty removing it from your purse, billfold, wallet, pocket? YES NO

At the time of your arrest, did the officer ask to see your driver's license? YES NO

If so, describe what you did and how much time it took you to produce your license: _____

Please attach a copy of your resume to this completed form, listing all your education, as well as past employment, including job descriptions, for the last 10 years.

Educational background (please list every school you have attended and the dates you attended there, including elementary, high school, trade school, vocational school, special school, college, university, etc.):

Please list all involvement with local charities or community organizations:

2. Arrest information

Date of arrest: _____ Next court date: _____
Arresting officer: _____ Arresting agency: _____
Bonding company: _____

Warrant No.	Charge	Bond	Code§

3. Other offense information

If you were charged with any traffic offenses or crimes other than DUI, give the following information on EACH separate offense:

Offense 1: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you:

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Offense 2: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you: _____

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Offense 3: _____

Court and court date if different from the DUI: _____

(a) Describe the driving or activities that led to this charge being made against you:

(b) Were you aware that you committed this offense? YES NO If "No" give details to explain:

Any witnesses or evidence relating to this offense that supports your claim of innocence?

YES NO

Explain:

Hours served before making bond: _____

4. Arrest history

Prior arrests, convictions, or diversions:

Charge	County	Attorney	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other prior traffic violations for the past 3 years: _____

Automobile accidents where you were driving in the last 12 months? YES NO

Five years before that? YES NO

Please attach (on separate pages) a narrative of the events of that day, the events leading up to your arrest, and the actual arrest.

5. Information about vehicle driven at time of arrest

Liability Insurance on date of arrest? YES NO

Insurance Co. (not sales agent): _____

Policy Number: _____

Policy period at the time of your arrest: From: _____ To _____

Did you own the vehicle you were driving? YES NO

If not, who did? _____

If you were not the owner of the vehicle you were driving at the time of arrest, did you have liability insurance on another vehicle on the date of your arrest? YES NO

Policy Number: _____

Insurance Co. (not sales agent): _____

Policy period at the time of your arrest: From: _____ To _____

If you did not have insurance at the time of your arrest, have you purchased it since?

YES NO

If yes, please provide:

Policy Number: _____

Insurance Co. (not sales agent): _____

Policy period at the time of your arrest: From: _____ To _____

Vehicle Identification No. (VIN): _____

Year _____ Make (e.g. Ford) _____ Model (e.g. Taurus) _____

What are your current automobile insurance rates (per year)? _____

Have you investigated the cost of insurance in the event of a DUI conviction? YES NO

Please provide a copy of the declaration page of your insurance policy when you return this form.

6. Medical information

Often one's medical condition can mimic intoxication and may affect one's performance with the police. Please complete each question fully and completely. An omission can adversely affect the outcome of your case.

If you have sought medical treatment for any physical or psychological condition, please list them below in chronological order from oldest to most recent. Obtain a copy of these medical records for treatment in the past 10 years and provide me with a copy of those records.

Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician

Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician
Date	Symptom	Diagnosis	Lead Physician

Have you been hospitalized at any medical facility? YES NO

If so, please list the most recent facility and date(s), as well as the reason for the hospitalization:

When was the last time you were examined by a medical care provider (physician, nurse practitioner, chiropractor, etc.) other than for a scheduled checkup? _____

What was the purpose of the visit? _____

What was the diagnosis? _____

(Add additional pages if necessary)

Are you currently under the care of a doctor? _____ For what? _____

Were you taking any medication or drugs at the time such as cold pills, aspirin, antihistamines, tranquilizers, weight control pills, etc.? List all medications taken within 24 hours of your arrest (prescription and non-prescription). Include type, dosage, and time you took the medication - in particular whether you took aspirin, ibuprofen, Zantac® or Tagamet®:

What effect does the medication have on you?

Were you warned by your doctor, pharmacists, or nurse, of any side effects of the medication?

Do you have any physical disability which would cause imperfect balance, or any injuries that would cause you to look like you were intoxicated? _____

Do you have a speech impediment or have you attended speech therapy classes?

Was your stomach upset at the time of arrest? YES NO

Upset stomach, stomach disorder, burping or belching? _____

Do you suffer from gastroesophageal reflux disease (GERD)? _____

Do you suffer from non-alcoholic steatohepatitis (NASH), fatty liver, or any other liver condition/ disease or liver enzyme abnormality? _____

Do you suffer from any eye diseases or disorders? _____

Were you wearing corrective lenses at the time of your arrest? _____

If so, describe: _____

If contact lenses, were they hard or soft? _____

Diabetes? _____

Dyslexia? _____

Anxiety Disorder? _____

List any and all other ailments - Starting with your head and working your way down, list all ailments, surgeries, medical conditions from which you now suffer or did suffer on the date of your arrest:

When did you last see your dentist? _____

From what dental ailments do you suffer?

Do you wear dentures/false teeth/braces/other orthodontics or use a retainer? YES

NO

Explain:

Do you have any learning disability? YES NO Explain:

Have you been diagnosed with Attention Deficit Disorder (ADD or ADHD)? YES

NO

If so, please list diagnosing physician and date of diagnosis:

Have you been prescribed any medication(s) for treatment of ADD or ADHD? YES

NO If so, please list the medication and dosage, prescribing physician name and phone number:

Had you taken your ADD/ADHD medication as prescribed on the date of your arrest?

YES NO

Have you been diagnosed with any learning disabilities? YES NO

If so, please explain: _____

Do you have any difficulties with coordination or balance? YES NO

Explain:

Do you have:

Heart disease? YES NO

How many hours had you worked prior to the arrest? _____

How much sleep had you had in the 24 hours prior to arrest? _____

How much sleep do you normally require each night? _____

Do you suffer from any sleep disorders? YES NO

If so, list the disorder and the diagnosing physician and date of diagnosis: _____

After having been arrested for an offense such as yours, most people feel "down" or "depressed." That is a natural feeling. If we accept your case, we will do whatever we reasonably can to alleviate your fears, but we are not skilled or trained in the field of psychology. However, it is still important for us to know how you are feeling since your arrest. Please check all of the following that apply:

- | | |
|--|---|
| <input type="checkbox"/> Loss of concentration | <input type="checkbox"/> Upset stomach, nausea, vomiting |
| <input type="checkbox"/> Loss of weight | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Loss of sexual appetite | <input type="checkbox"/> Flashbacks of arrest and going to jail |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Eating excessively | <input type="checkbox"/> Heightened awareness of surroundings |
| <input type="checkbox"/> Quit drinking | <input type="checkbox"/> Easily startled or scared |
| <input type="checkbox"/> Increasing drinking | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crying or weeping inappropriately | _____ |

Do you currently smoke? YES NO

Do you smoke cigarettes cigars pipe other Describe: _____

How long have you been a smoker? _____

If you do not currently smoke, have you been a smoker in the past? YES NO

NO

How long did you smoke and when did you stop smoking? _____

Had you smoked within 24 hours of your arrest? YES NO

Do you use chewing tobacco? _____

When last used prior to arrest: _____ Type: _____

Presently receiving worker's compensation or unemployment benefits? YES NO

NO

Any prior organized sport participation or lack thereof may be beneficial to your defense. This is particularly important if you sustained any injuries while playing sports; therefore, please detail any injuries below.

Name of sport: _____

Position played: _____

Where/when played: _____

Injuries sustained: _____

Exercise regularly? YES NO

Type of exercise: _____

Frequency of exercise: _____

Additional comments on sports and/or exercise: _____

7. Questions specific to female clients:
(Answer these questions only if you took a chemical test for intoxication such as breath, urine or blood.)

Do you take birth control pills? YES NO

Brand name: _____

Dosage: _____

How long have you been on this medication? _____

At the time of the arrest, were you having your period? _____

If you were having your period and you believe that may have interfered with your ability to perform field sobriety tests, please explain: _____

At the time of my arrest, I was suffering from what is commonly referred to as "PMS." YES NO

My spouse or parent IS IS NOT the dominant person in our relationship.

I Q WAS WAS NOT afraid during the encounter with the police.

Describe your reaction (heart pounding, dizzy, dry mouth, etc.) _____

Were you wearing heels on your shoes? YES NO

If so, how high were the heels? (please measure) _____

8. Alcohol/drug history

Have you ever undergone alcohol or drug counseling? YES NO

If so, list details and provide name and telephone number of counselor or health care provider:

Do you believe that you presently have an alcohol or drug problem? YES NO

Would you like assistance in obtaining counseling or inpatient care? YES NO

Prior Drug Use:

I have used the following drugs in my lifetime:

_____ Heroin
_____ "Crack"
_____ Cocaine
_____ Marijuana
_____ Amphetamines
_____ Barbiturates
_____ Ecstasy
_____ Amyl Nitrate ("Poppers" or "Snappers")
_____ Inhalants

My favorite alcoholic beverage is _____

I first used alcohol when I was _____ years old.

I drink because _____

How much alcohol does it take for you to feel the effect? _____

Alcohol affects me in the following way(s): _____

How much is "too much" alcohol for you? _____

Have you ever been intoxicated? YES NO

Approximately how many times? _____

When was the last time? _____

Have you ever been to Alcoholics Anonymous? YES NO

How frequently do you consume alcohol? _____

How much do you normally drink when you are drinking?

How does that quantity usually affect you and your judgment? _____

Have you ever been criticized by a friend or family member for drinking too much?
YES NO

9. Eating, drinking, and alcohol consumption on day of arrest

What did you have to eat in the 12 hour period prior to arrest? _____

When did you start drinking, where were you drinking, and in whose company were you at the time? (list all names, phone numbers, and addresses) _____

Are you aware of any people willing to testify that you were not under the influence?
 YES NO

List Names & Phone Numbers: _____

Describe how you felt generally during the day of your arrest: _____

List the times you consumed each drink on the day you were arrested, of drink. the location, type and size

Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink
Location	Time	# of Drinks	Type of Drink	Size of Drink

Did you consider yourself to be under the influence of an alcoholic beverage at the time of your arrest? YES NO

At any time before or after you were arrested? YES NO

Did the drinks affect your driving? YES NO

Did you work and/or exercise during the time you were drinking? YES NO

Explain: _____

10. Vehicle & driving conditions

Why were you stopped, if you know? Explain driving action: _____

Vehicle owner: _____

The vehicle you were driving at the time of your arrest was (List year, make model):

Approximately how many miles were on the vehicle at the time of the arrest? _____

Approximately how long had you driven this vehicle yourself before the date of your arrest? (i.e. six months, two years, etc.) _____

With what frequency did you drive the vehicle prior to the arrest? (i.e. once per week, etc)

Please list the extent of use your vehicle is used to perform employment duties:

Are you the primary driver in your household? YES NO

List any defects (mechanical or otherwise) in your car? _____

Please indicate any mechanical parts of the vehicle that were not operating correctly at the time of your arrest:

- | | |
|----------------------------|----------------------------|
| _____ Accelerator | _____ Fuel Level Indicator |
| _____ Air Conditioner | _____ Heater |
| _____ Alignment | _____ Ignition |
| _____ Brakes | _____ Lights |
| _____ CD player/Cell Phone | _____ Linkage |
| _____ Clutch | _____ Steering |
| _____ Defroster | _____ Sunroof |
| _____ Electric window | _____ Turn Indicator |

_____ Fluid Level

_____ Window

What type of tires, including manufacturer name, were on your vehicle at the time of your arrest?

Approximately how many miles were on these tires at the time of your arrest? _____

Weather & Road Conditions (circle all that apply):

Rain Snow Sleet Hail Fog
Dark Light Wet Dry Slippery
Blacktop Pavement Gravel Other _____

Approximate temperature: _____

Were there any other factors that may have affected your driving? _____

11. The offense

Date/time/place of arrest: _____

Number of police officers present throughout the arrest, their names, and the color of their uniforms? _____

Arresting Officer's Name: _____ Police Department: _____

Do you speak English fluently? YES NO

Do you believe that the officer's language or accent caused any problems in you being able to understand him/her? YES NO

Do you believe that your language or accent caused any problems in the officer being able to understand you? YES NO

What did you first say to the police? _____

What did they say to you? _____

What conversation did you have with the officer(s) during the ride to the station, and at the jail?

At any time did you ask to speak with an attorney? _____

If so, what was the officer's response? _____

Did you tell the officer you had been drinking? YES NO

If so, what exactly did you say? _____

Were there any passengers in the vehicle? _____

Who? (List names & phone numbers): _____

Were you told you had the right to remain silent, that anything you said could be held against you, that you had the right to an attorney, etc.? _____

At what point in the process? _____

Were you wearing any article of clothing that may have been considered "binding" or restrictive enough to interfere with your ability to perform any of the field sobriety tests?

YES NO

If so, explain: _____

Do you recall any law enforcement officer making any inappropriate sexual remark or gesture?

YES NO

If so, explain: _____

12. Route driven

What route had you taken before arrest (include applicable details of where the stop lights and stop signs were located, how many turns and stops were made, and approximate distance involved)?

Traffic conditions you encountered on roadways prior to being arrested: _____

Traffic control lights? YES NO How many? _____

Working properly? YES NO Weather condition (be specific): _____

County stopped in _____ Street stopped on _____

Describe the facts that you believe caused the officer to stop you. Diagram on another page if helpful. _____

13. Accident

(Complete this section ONLY IF an accident of some type has occurred in connection with your DUI arrest.)

Were you involved in an accident? YES NO

Who called the police or 911? _____

One car or more than one car? _____

Describe the accident: _____

Were you inside your vehicle when the officer first arrived on the scene? YES NO

If NO, give details of where you were in relationship to the vehicles: _____

Did the police officer take your driver's license from you? YES NO

NO

When? _____

After the accident, did you exit the vehicle or leave the immediate area (for any purpose, such as

to call a tow truck, call police, etc.)? YES NO

If so, give details of how long you were gone, where you went, why you left, etc.:

Injuries or death to any other person(s)? (If so, give details on separate sheet) YES NO

Do you recall the circumstances leading up to the accident? YES NO

If so, give details: _____

Give details about what questions were asked of you by the police officer(s) and your answers:

Prior to this case, had you EVER been the driver of a vehicle in which another person (passenger, person(s) in other car, pedestrian(s) were injured or killed? YES NO

If so, give details: _____

Did you hit your head, or break the windshield? _____

Did you call anyone on a cellular phone after the accident? Who? What was said?






Did the officer direct you to drive the car after the accident?

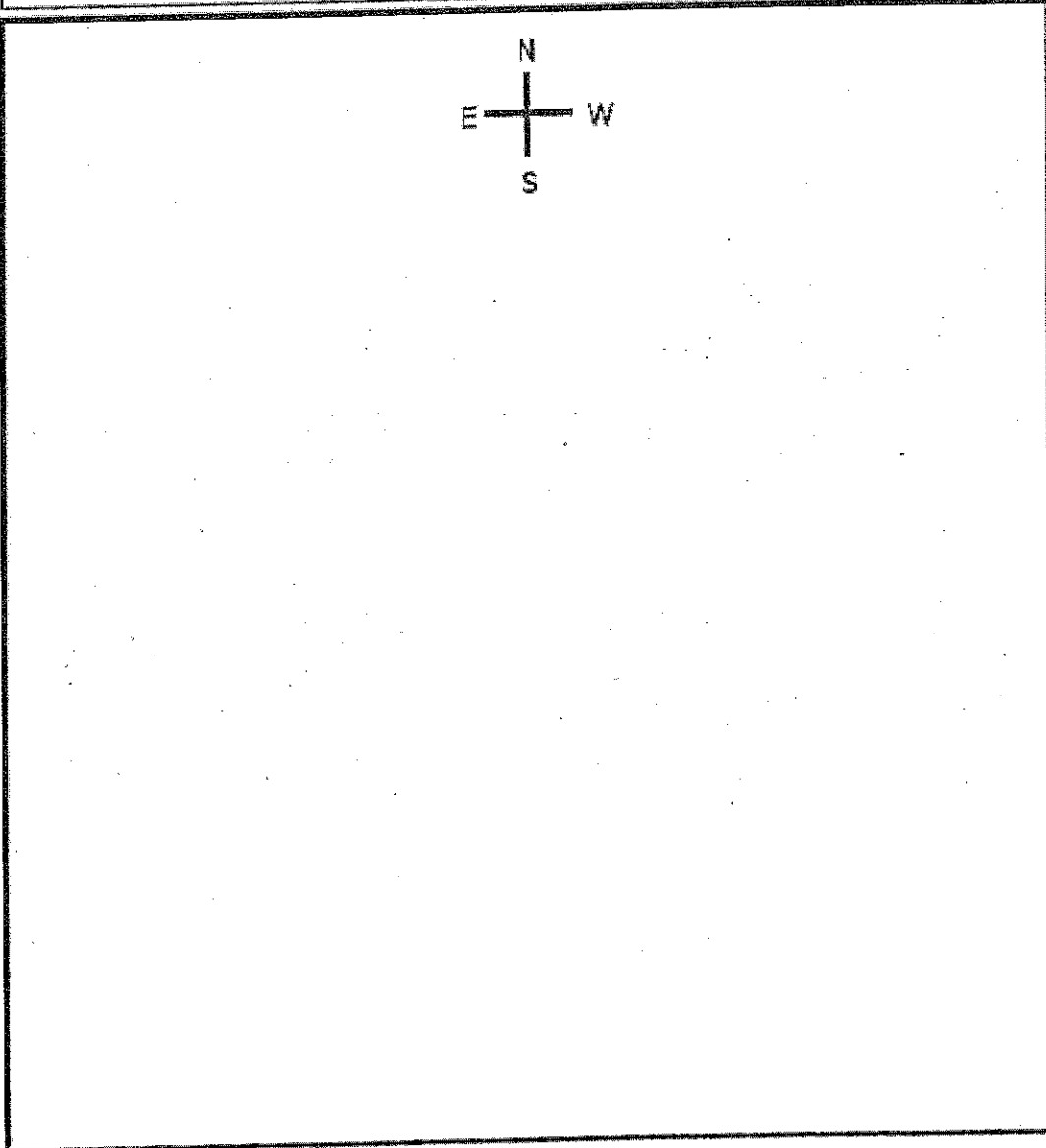
Did the officer ask you if you had anything to drink since the time of the accident? .

Did you have any conversation with the other driver, or with witnesses to the accident? _____

What was said? _____

Please Diagram Accident Below

Indicate Street Names	Indicate Vehicles & Direction	Indicate Traffic Signals & Signs
 <p>Main St.</p> <p>13th St.</p>		  



14. Roadblocks (if applicable)

Was the arrest at a roadblock or license checkpoint? YES NO

How far ahead did you see it? _____

How many other cars were ahead of yours? _____

How long did you wait in line? _____

Were you given any advance notice of the roadblock (was the roadblock well marked and visible)? YES NO

If so, give details: _____

Was there a sign advising of a roadblock? YES NO Lighted sign? YES NO

Flares? YES NO Orange "traffic control" cones? YES NO

How many police cars did you see? _____ Did any have their blue lights on? YES NO

NO

If so, how many? _____

Any traffic cones or flares used at "stop" location or place where you were tested?

How many police officers did you see? _____

Describe the exact wording and actions of the officer who approached your window. _____

Did you turn away from the roadblock before reaching it? YES NO

If so, explain: _____

Did the officer charge you with an additional traffic violation when you turned to avoid the roadblock? YES NO

Explain: _____

15. Evidence seized

Was your vehicle towed? YES NO

If so, by whom? Company _____ Driver: _____

Was your vehicle returned to you? YES NO

Was your vehicle searched? YES NO

If so, was anything taken by the police and not returned? YES NO

What was it? _____

Did you know it was there? YES NO

Were you personally searched? YES NO

If so, was anything taken from you and not returned? YES NO

What was it? _____

Did you know it was there? YES NO

16. Field sobriety tests

Did the officer direct you (or "request" you) to perform any coordination or roadside sobriety tests? YES NO

Were you given a choice to refuse them? YES NO

Exactly when (minutes, seconds after getting out of car) were you first requested to (told to) perform these tests?

What was the exact wording used by the officer in making this "request"? _____

Did the officer ask you about your physical limitations or impairments or present illnesses/medications before beginning to "test" you? YES NO

If so, when, what questions were asked and what were your responses? _____

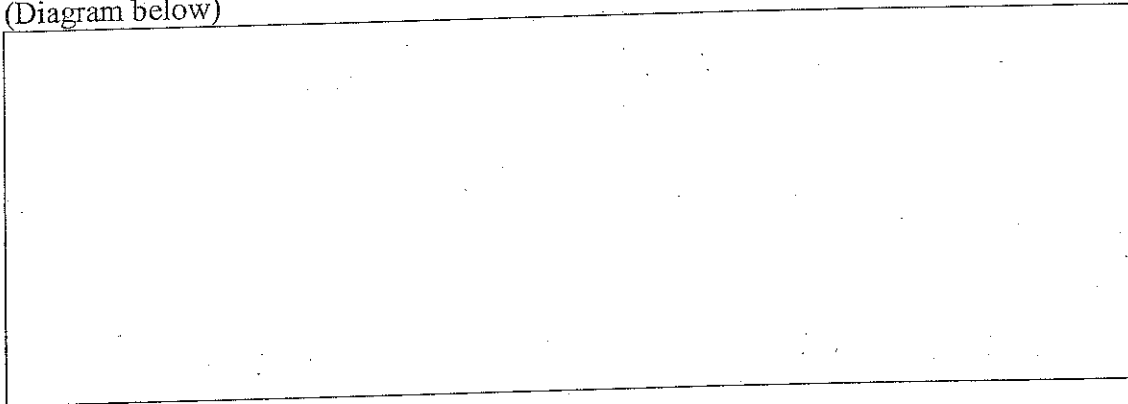
Shoes ON OFF Describe shoes (if wearing any) during field sobriety tests:

Were there any street lights (or other lights) above or near your location to illuminate the area? _____

YES NO

Describe the lighting in the area: _____

Where were the lights in relation to tests (including automobile headlights)? _____
(Diagram below)



Did the officer demonstrate the tests for you? YES NO

Did the officer comment on your performance of any test or tests? YES NO

What did he say? _____

Did you refuse to take field sobriety tests? YES NO

NO

If yes, explain why: _____

If you were unable to perform any test or did not do well on any test, explain why: _____

Describe the area in which you performed the tests:.

Did the officer ask you to perform an eye test in which you were asked to follow a pen or similar object?

Did the officer ask you to stand on one leg? YES NO

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to walk a straight line? YES NO

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to recite the alphabet? YES NO

What instructions did the officer give you regarding this test?

How did you perform? _____

Did the officer ask you to count backwards? YES NO

What instructions did the officer give you regarding this test?

How did you perform? _____

Were you requested to take any other field sobriety tests? YES NO

If so, describe the test(s) and state how you performed:

Please describe the following conditions at the scene of the field sobriety tests in as much detail as possible:

Surface where tests were performed: _____

Temperature & winds: _____

Possible distractions (traffic, rotating lights, uneven surface, snow, rain, etc.):

Were your passengers permitted to witness the test(s)?

17. Chemical tests in general

Tests Offered by Officer: BLOOD BREATH URINE OTHER (Describe) _____

Tests Given: BLOOD BREATH URINE OTHER (Describe) _____

Tests Refused: ALL BLOOD BREATH URINE OTHER (Describe) _____

Given by: _____ Time Administered: _____

Number of tests given? _____ Results: _____

Did the officer read any document to you? _____

Did the officer personally hand you a copy? _____

Did you receive a copy of the breath test result? _____

Were you told what would happen if you did not take the test? _____

18. Breath test (if applicable)

Did the officer tell you to remove anything from your mouth? _____

Did you have anything in your mouth? _____ What? _____

Did you smoke before taking the test? _____ How soon before the test? _____

Did the officer ask you to inform him/her of any burps, belches, sneezes? _____

Did you belch, hiccup, or sneeze 20 minutes prior to blowing? _____

Prior to the test, for how long would you estimate the officer continuously observed you?

Did the officer have any difficulty operating the machine? _____

Did you request another test? _____ What type of test did you request? _____

Who was present when you requested the second test? _____

Were you allowed to take a second test? _____

What was the result of the breath test? _____

19. Blood test (if applicable)

Where did the officer take you to give the blood sample? _____

Was the blood taken from a vein near your elbow? _____

If not, from where was the blood taken? _____

If so, from which arm was the blood taken? _____

How many vials of blood were taken? _____

Who drew the blood? _____

What was used to clean your skin before the blood was drawn? _____

What happened to the vials after the blood was drawn? _____

20. Implied consent

Were you told that if you refused the test, your license would be revoked, suspended, or

anceled? YES NO

If so, for how long? _____

Where and when did the police read your implied consent warning? _____

At the time of the warning, had you been told that you were under arrest? YES NO
Were you advised that you could contact an attorney before deciding to submit to a test?

YES NO

Were you refused the opportunity to consult with a lawyer before deciding to take the test?

YES NO

If so, please explain: _____

Were you advised that after the officer's test you could take another test by medical personnel of your own choosing? YES NO

At the time that you refused the State's test(s), had the officer(s) done anything to frighten you or said or done anything to offend you to such a degree that you were unwilling to cooperate with

the police? YES NO

If so, explain: _____

Were you suffering any pain, discomfort or other physical or mental impairment which would have justified your refusal of (or explained your refusal of) the State's test(s)? YES NO

If so, explain: _____

21. Actions after arrest

Were you handcuffed? YES NO Front or back? _____

Did that make you angry? YES NO

Did you ask not to be handcuffed? YES NO

Did the handcuffs hurt? YES NO

Were you handcuffed in the presence of other people? YES NO

Did you suffer any numbness, pain or discomfort in your hands or arms? YES NO

Did you complain of pain from handcuffs? YES NO NOT APPLICABLE

Have you sought medical aid about the problem? YES NO

If so, describe: _____

Describe everything that took place in route to the police station or the jail:

Conversations (who said what, when): _____

Were you transported by the officer who stopped you or by someone else?
(provide details)

Did you overhear any radio transmissions to or from the officer while he/she was driving you to the testing site/jail/hospital? YES NO

If yes, what was said? _____

Route taken: _____

Speed of patrol car while you were being transported (if unusual)? _____

Did you ask the transporting officer any questions during the trip? YES NO

If so, what did you ask? _____

Did you ask to go to a rest room? YES NO

Did officer accompany you? YES NO

What did the officer do or say during this time? (whistle, hum, etc.): _____

Were you cooperative with the officer? _____

If not, describe your behavior:

Form of bond posted: BONDING COMPANY CASH REAL ESTATE
FRIEND FAMILY OTHER

If bonding company, list name of agency: _____

What time did you post bond? _____

Where? _____

Is the bonding company paid in full? _____

Conversations with bonding agency personnel (or other person seeking to assist you with bond)?

Give details, and with whom. _____

22. Witnesses

Identify by name and phone number all the people who saw you drinking, saw you driving, were with you prior to your arrest or saw you immediately upon your release from jail. Briefly tell what you think they know about the facts of your case. Would they be willing to testify? (Use another page if necessary.) _____

How would a conviction affect your family (relationship)? _____

How would a DUI conviction affect your employment? _____

Do you ever have to prove "insurability" in order to drive a "company" car? YES

NO Do you ever need to rent a rental car, for personal or business use? YES

NO

If so, would denial of access to rental vehicles affect you or your employment? YES

NO

Explain: _____

Are you involved in any "domestic" (divorce, child custody, etc.) case or judicial dispute that a DUI conviction might affect? YES NO

Explain: _____

If you were convicted of DUI, and the conviction appeared on your credit report, how would this affect you personally? _____

Are you professionally licensed (i.e., teacher, attorney) or specially licensed (i.e., pilot, cab driver, etc.) such that you may lose such license as a result of a conviction? YES

NO

If so, explain: _____

Does your job involve "security clearance" or "top secret" status such that your employer may be unwilling to accept a DUI conviction? YES NO

Are you currently enrolled in college or university, where you may be subject to disciplinary suspension for DUI? YES NO

Do you have a student loan which may be adversely affected by a DUI conviction?

YES NO

If so, explain: _____

Are you presently in military/reserves or planning to join military/reserves? YES NO

If your license is issued by another state, are you aware that there may be additional penalties

and/or insurance assessments if convicted in this state? YES NO

If you have not done so already, would you like to hire a lawyer in your home state with whom we

may confer? YES NO

We recommend doing so. We are not licensed to practice law in your home state and therefore are not familiar with all the laws and consequences that might affect you.

If your case does proceed to a hearing or trial, would you like to have a court reporter present at the trial? YES NO

This is something that I recommend in your case. If you do wish to have a court reporter present, you should expect a fee of approximately \$75.00 per hour without a transcript of the court's proceedings and approximately an additional \$50.00 per hour if a transcript is necessary, although the exact charge is dependent on the number of pages. You can decide after the proceeding if the transcript is necessary.

Law Offices of
DULL & LOWE
L.L.C.



Jeffrey L. Dull
Matthew D. Lowe
Jason J. Heany
Richard T. Nichols

1116 East Ohio Street
Clinton, MO 64735
Ph. (660) 885-9600
Fax (660) 885-9525

January , 2011

General Counsel's Office
PO Box 475
Jefferson City, MO 65105-3700

Sent via fax: (573)-751-7151

Re:

SS#:

Date of Arrest:

City of Clinton, Henry County, MO

To Whom It May Concern:

Please find attached a Request for Administrative Hearing form completed by Mr. Mansell, along with our firm's check in the amount of \$7.00 for the processing fee. Please consider this letter as my Entry of Appearance on behalf of the above-referenced individual.

Please mail him a driving permit. Also, please mail me a copy of the administrative file at my Clinton address (1116 E Ohio, Clinton, MO 64735).

I look forward to receiving notice of the hearing date.

Sincerely,
LAW OFFICES OF
DULL & LOWE, L.L.C.

Matthew D. Lowe

MDL:blw
Enclosure

Clinton Office: 1116 E Ohio • Clinton, MO 64735 • Ph (660) 885-9600 • Fax (660) 885-9525
Windsor Office: 101 South Main • PO Box 51 • Windsor, MO 65360 • Ph (660) 647-5311 • Fax (660) 647-3647

IF YOU WANT AN IN-PERSON HEARING YOU MUST CHECK THE BOX BELOW. IF YOU DO NOT CHECK THE BOX FOR AN IN-PERSON HEARING, A TELEPHONE HEARING WILL BE SCHEDULED. NO FURTHER REQUEST FOR AN IN-PERSON HEARING WILL BE GRANTED.

CHECK ONLY ONE BOX

I REQUEST A TELEPHONE HEARING I REQUEST AN IN-PERSON HEARING IN THE COUNTY OF ARREST

NAME OF PERSON ARRESTED (PRINT YOUR NAME)		DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
STREET, RFD, OR BOX (YOUR ADDRESS)			CITY, STATE, ZIP CODE	
HOME TELEPHONE ()	OFFICE TELEPHONE ()	CITY AND COUNTY WHERE ARRESTED		DATE OF ARREST
DRIVER'S SIGNATURE			ARRESTED BY	
ATTORNEY'S NAME		ATTORNEY'S BAR NUMBER	ATTORNEY'S ADDRESS	

860-0126 (8-01) DISTRIBUTION: ORIGINAL - DRIVER CARBON - DEPARTMENT OF REVENUE DOR-2385 (8-01)

IN THE CIRCUIT COURT OF HENRY COUNTY, MISSOURI
ASSOCIATE DIVISION

RICK [REDACTED],)
License # [REDACTED])
SSN # [REDACTED])
Petitioner,)
v.)
Director of Missouri Department)
of Revenue,)
6th Floor Truman State Office)
Building,)
Jefferson City, Missouri,)
Respondent.)

Case No.: _____

**PETITION FOR REVIEW OF PETITIONER'S ALLEGED
REFUSAL TO SUBMIT TO CHEMICAL TEST**

Comes now the Petitioner, [REDACTED], by and through his attorney, Matthew

D. Lowe, and in support of the Petition for Review, does allege and state as follows:

1. That the Petitioner is a resident of St. Clair County, Missouri, now residing at

[REDACTED] Rd, Osceola, MO 64776.

2. That Petitioner is the lawful holder of a Missouri driver's license number

[REDACTED] which has been duly issued to Stanley Smith under the laws of the State of Missouri.

3. That on or about July 14, 2008, the Respondent issued a Notice of Revocation to Petitioner stating that Petitioner's driving privilege was going to be revoked for one year alleging that the Petitioner had refused to submit to a chemical test of his blood alcohol

level. The arrest of the Defendant was made in St. Clair County, Missouri.

4. Petitioner asserts that the arresting officer did not have reasonable grounds to believe the Petitioner was driving a motor vehicle in an intoxicated or drugged condition and any refusal to submit to a chemical test was justified.

5. That Respondent's order of suspension was arbitrary, capricious, and without basis in law or fact and was further an abuse of discretion.

WHEREFORE, the Petitioner prays the Court to enter its orders as follows:

A. Ordering and directing the Respondent herein to stay any revocation of Petitioner's driving privilege or to issue to the Petitioner a restricted driving privilege for the limited purpose of driving in connection with Petitioner's business, occupation, employment, or formal program of secondary, post secondary or higher education as provided by Section 302.535(2), RSMo. during the pendency of this action.

B. To enter its order setting aside the decision of the Respondent in suspending and revoking Petitioner's driver's license and for such further relief as may be deemed proper and just under the circumstances.

DULL & LOWE L.L.C.

Matthew D. Lowe #54747
1116 E. Ohio
Clinton, MO 64735
(660)885-9600
(660)885-9525 Facsimile

IN THE CIRCUIT COURT OF HENRY COUNTY, MISSOURI
CIRCUIT DIVISION

RICK [REDACTED])
License [REDACTED])
)
Petitioner,)
v.)
)
Director of Missouri Department)
of Revenue,)
6th Floor Truman State Office)
Building,)
Jefferson City, Missouri,)
)
Respondent.)

Case No.: _____

ORDER STAYING REVOCATION OF PETITIONER'S LICENSE

Now on this _____ day of _____, 2008, the Court takes notice that Petitioner has timely filed herein his Petition for Review whereby he seeks review of the decision of the Director of Revenue to revoke his operator's license numbered [REDACTED] for refusal to submit to alcohol testing. The Court finds that it is just in the premises for any revocation action by the Director of Revenue be staying pending the hearing and decision on the Petition for Review.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that any action by the Respondent to revoke the operator's license of the Petitioner is stayed during the pendency of this matter.

Judge

This order will serve as the Petitioner's permit to driver and must be carried on his/her person at all time while driving: §577.041 RSMo. All restrictions and expiration dates currently on the driver's license apply.

*Note to Law Enforcement – You must check the driver record for the most up-to-date information concerning driver's status.

Law Offices of
DULL & LOWE
L.L.C.



*Jeffrey L. Dull
Matthew D. Lowe
Richard T. Nichols*

*1116 East Ohio Street
Clinton, MO 64735
Ph. (660) 885-9600
Fax (660) 885-9525*

, 2009

In Re:

Dear :

We have filed suit against the Director of Revenue's effort to revoke your license for failing to take a breath test. In that suit, we have already been successful in obtaining a Court Order directing the Department of Revenue to take no further action against your driver's license until such time as the Court has made a final decision on your suit to review the Director's decision. Although this is only a temporary Order, it will be in effect until a final decision is made in your civil case.

I am enclosing a signed copy of this Court Order, which I suggest you keep in the glove compartment of the vehicle you regularly drive. If you are stopped by the police, you should not automatically show the officer this Order; rather, you should only produce the Order if the police officer questions the validity of your driver's license or your right to drive. Keep the Order folded in a neat and clean condition so it does not become unreadable.

If you have any questions concerning any of the above, please feel free to contact me at your convenience.

Sincerely,

*Clinton Office: 1116 East Ohio Street • Clinton, MO 64735 • Ph (660) 885-9600 • Fax (660)885-9525
Windsor Office: 101 South Main • PO Box 51 • Windsor, MO 65360 • Ph (660) 647-5311 • Fax (660)647-3647*

**IN THE CIRCUIT COURT OF HENRY COUNTY, MISSOURI
CIRCUIT DIVISION**

STATE OF MISSOURI

Plaintiff,

vs.

GARY RICHEY

Defendant.

Case No.: 091247424

ENTRY OF APPEARANCE AND

DEFENDANT'S REQUEST FOR DISCLOSURE FROM STATE OF MISSOURI

Comes now attorney Matthew D. Lowe, and enters his appearance on behalf of the Defendant, Gary Richey, in the above-subject matter. Further, Defendant, by and through the undersigned counsel, and pursuant to Rule 25.03 Missouri Rules of Criminal Procedure, does hereby request the State to disclose to Defendant's counsel such part or all of the following material and information within its possession or control, or in possession or control of other governmental personnel:

1. The names and last known addresses of persons whom the State intends to call as witnesses at any hearing or at the trial, together with their written or recorded statements, and existing memoranda, reporting or summarizing part or all of their oral statement;

2. Any written or recorded statements and the substance of any oral statements made by the Defendant or by a Co-Defendant, a list of all witnesses to the making, and a list of all witnesses to the acknowledgement, of such statements, and the last known addresses of such witnesses;

3. Those portions of any existing transcript of grand jury proceedings which relate to the offense with which Defendant is charged, containing testimony of the Defendant and testimony of persons whom the State intends to call as witnesses at a hearing or trial;

4. Any existing transcript of the preliminary hearing and of any prior trial held in the Defendant's case if the State has such in its possession or if such is available to the State;

5. Any reports or statements of experts, made in connection with the particular case, including result of physical or mental examinations and of scientific tests, experiments or comparisons;

6. Any books, papers, documents, photographs or objects which the State intends to introduce into evidence at the hearing or trial or which were obtained from or belong to the Defendant;

7. Any record of prior criminal convictions of persons the State intends to call as witnesses at a hearing or the trial;

8. If there has been any photographic or electronic surveillance (including wiretapping), relating to the offense with which the Defendant is charged, of the Defendant or of conversations to which the Defendant was a party or on his premises; this disclosure shall be in the form of a written statement by counsel for the State briefly setting forth the facts pertaining to the time, place and persons making the same;

9. Any material or information, within the possession or control of the State, which tends to negate the guilt of the Defendant as to the offense charged, mitigate the degree of the offense charged or reduce the punishment.

LAW OFFICES OF
DULL & LOWE, L.L.C.

Matthew D. Lowe #54747
1116 E. Ohio
Clinton, MO 64735
(660) 885-9600
Fax: (660) 885-9525

CERTIFICATE OF SERVICE

I do hereby certify that a copy hereof has been furnished to Debra Snoke, Asst Prosecuting Attorney, Henry County Courthouse, Clinton, Missouri 64735, this 31st day of May, 2011.

Matthew D. Lowe

Law Offices of
DULL & LOWE
L.L.C.



*Jeffrey L. Dull
Matthew D. Lowe
Jason J. Heany
Richard T. Nichols*

*1116 East Ohio Street
Clinton, MO 64735
Ph. (660) 885-9600
Fax (660) 885-9525*

, 2009

*In Re: State of MO v
DWI*

Dear :

First of all, let me thank you for allowing our firm to represent you with regard to the Driving While Intoxicated charge that you recently received. This letter will confirm that I am representing you on the charges and issues that we previously discussed.

As I have previously explained to you, there are two separate and distinguishable proceedings that are involved in this process. The first proceeding is with the Missouri Department of Revenue. Subsequent to your arrest, the Department of Revenue suspended your driver's license. You should have been issued a temporary driving permit that will enable you to operate a vehicle for 15 days from the date of your arrest. Within that 15 day period, a Request for Administrative Hearing will be filed. At that point, you will be issued another temporary driver's license that will last until the hearing takes place. I will let you know the date, time, and location of the hearing well in advance. Your attendance will likely be required. However, in certain circumstances, it is not necessary that you attend. I will let you know as soon as practicable.

At the Administrative Hearing, the Hearing Officer will be required to make a decision regarding whether or not the arresting officer had probable cause to place you under arrest for Driving While Intoxicated. He will also have to make a finding that your blood alcohol content was at least .08%. If the issues are found against you, your driver's license will be suspended or revoked. If this is your first such offense, the suspension will be for a period of 90 days. If you have had a previous alcohol related contact, the suspension or revocation could be considerably longer. After 30 days of the suspension, you should be eligible for a Limited Driving Privilege. In order to receive the Limited

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Drivers License after the first 30 days of the suspension, you will need to contact your insurance agent and have them fax some paperwork to the Department of Revenue. Your agent should be very familiar with this process.

If we do not like the decision handed down by the Hearing Officer, we will have the ability to appeal the same within 10 days by filing a Petition for Trial De Novo in the Circuit Court. If we file an appeal, an actual trial will be held in front of a Circuit or Associate Circuit Judge in the County of your arrest. The issues at the trial will be very similar to the issues at the Administrative Hearing.

There is generally no live testimony at an Administrative Hearing. The hearing officer will consider the evidence in the police reports that were generated in connection with your arrest. There will also be other documents provided by the Department of Revenue or local law enforcement agencies regarding information relevant to your case. With that being said, we do have the option of issuing a subpoena to relevant witnesses to come and testify at the Hearing. This is a tactic that I utilize quite frequently. If we decide to subpoena witnesses, I will have the opportunity to cross examine them regarding the arrest or other relevant information. This can be extremely beneficial to us as your cases proceed. However, there are additional expenses associated with conducting the hearing in this fashion. You will be responsible for these expenses. They include service fees for the subpoenas and fees associated with the Court Reporter and transcript. This could cost several hundred dollars in addition to your attorney's fees.

Sometimes it is not necessary to subpoena the arresting officer to the hearing. In certain circumstances, after carefully reviewing the reports, I might come to the conclusion that it will not be beneficial to have the officer present at the hearing. We will visit about this in more detail in advance of the hearing.

Another approach that I sometimes take involves the use of expert witnesses. In certain circumstances it can be beneficial to your case if we can retain the services of an expert witness. Such witnesses can testify on a broad range of subjects, including, but not necessarily limited to, field sobriety testing, toxicology, and proper maintenance and functioning of the breath testing unit. In the past, I have been able to secure the testimony of certain experts in these fields. Such testimony can be expensive and will be considered on a case by case basis. Prior to hiring an expert witness, you and I will have a more lengthy discussion on this issue.

If we are ultimately unsuccessful in the case against the Department of Revenue, there will be several things that you will be required to do in order to get your license reinstated. They include the completion of a Substance Abuse Traffic Offender Program (SATOP), paying a reinstatement fee to the Department of Revenue, obtaining SR-22 Insurance, and the installation of an Ignition Interlock device on your vehicle for a period of time. The Ignition Interlock requirement is only for those people who have had at

least one prior alcohol related contact.

The other proceeding that you will be involved with is the criminal case that has been or will be filed against you by the Prosecuting Attorney. The issues in this case can be much different than the issues in the civil case. The range of punishment varies widely in criminal court. Possibilities include anything from a fine and probation to a sentence in the County Jail. The outcome could depend on the number of prior offenses you have as well as the facts and circumstances surrounding your particular case.

Your regular attendance at criminal court will depend on what Judge gets assigned to your case. Some Judges require attendance at every court date, and some do not. Before each court date, I will let you know if your attendance will be necessary.

You will need to carefully read each letter that I send to you. Towards the top of each letter you will see a Reference Line, similar to the one at the top of this letter. Some letters will be in reference to the case against the Department of Revenue and some will be in reference to the criminal case pending against you. You will need to make sure that you understand which case the letter is referring to. As mentioned above, these are two completely separate matters.

I will be sure and let you know when you need to be in Court. It is important that you appear in Court whenever I tell you it is necessary.

You should contact my office in the event that you have any questions regarding your case. If I am not available I would suggest that you talk to Beth about the question that you might have. In many cases, they will be able to answer the question for you. If they cannot, you will be able to leave a message for me. I will return your call as soon as I can. However, I spend a considerable amount of time every week in the courtroom. When I return to the office I often have dozens of phone calls to return. Therefore, it could take me a couple of days to get back with you. Please be patient when waiting for a return phone call. If it is an emergency, please let my assistant know and they will find a way to get in touch with me.

Thank you again for trusting us to handle your case. I have handled thousands of criminal cases throughout my career. I understand that your case is very important to you and I will give your case the attention that it deserves.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

LAW OFFICES OF
DULL & LOWE, L.L.C.

Matthew D. Lowe

MDL:blw

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Law Offices of
DULL & LOWE
L.L.C.



*Jeffrey L. Dull
Matthew D. Lowe
Richard T. Nichols*

*1116 East Ohio Street
Clinton, MO 64735
Ph. (660) 885-9600
Fax (660) 885-9525*

August , 2009

*In Re: State of MO vs Penny Charles; Driving While Intoxicated
Penny Charles vs. Department of Revenue*

Dear _____:

First of all, let me thank you for allowing our firm to represent you with regard to the Driving While Intoxicated charge that you recently received. This letter will confirm that I am representing you on the charges and issues that we previously discussed.

As I have previously explained to you, there are two separate and distinguishable proceedings that are involved in this process. The first proceeding is with the Missouri Department of Revenue. Subsequent to your arrest, the Department of Revenue revoked your driver's license for refusing to submit to a chemical test to determine your blood alcohol content. You should have been issued a temporary driving permit that will enable you to operate a vehicle for 15 days from the date of your arrest. An appeal will be filed with the Circuit Court in the County of your arrest within 30 days of your arrest. I will also ask the Judge to sign a Stay Order that will allow you to drive while our appeal is pending. Once the Judge signs the Stay Order, I will forward it to you. It is important that you keep this document with you at all times while you operate a vehicle.

After the civil appeal is filed, the Judge will set that case for trial. I will let you know the date, time, and location of the trial well in advance. Your attendance will likely be required.

At the civil trial for your Refusal, the Department of Revenue will be required to prove that the arresting officer had probable cause to believe that you were operating a

vehicle in an intoxicated condition at the time of your arrest, and that you refused to submit to a chemical test of your blood, breath, or urine. If the Court finds that the Department of Revenue has proven these things your driver's license will be revoked for one year. Depending on your driving record, you could be eligible for a Limited Driving Privilege after the first 90 days. If, on the other hand, the Judge finds in our favor, your driver's license will be reinstated.

If we are ultimately unsuccessful in the case against the Department of Revenue, there are several things that you will be required to do in order to get your license reinstated. They include the completion of a Substance Abuse Traffic Offender Program (SATOP), paying a reinstatement fee to the Department of Revenue, obtaining SR-22 Insurance, and, in some cases, the installation of an Ignition Interlock device on your vehicle for a period of time. The Ignition Interlock requirement is only for those people who have had at least one prior alcohol related contact.

The other proceeding that you will be involved with is the criminal case that has been or will be filed against you by the Prosecuting Attorney. The issues in this case can be much different than the issues in the civil case. The range of punishment varies widely in criminal court. Possibilities include anything from a fine and probation to a sentence in the County Jail and potentially a prison sentence if you have had more than two prior DWI cases. The ultimate outcome could depend on the number of prior offenses you have as well as the facts and circumstances surrounding your particular case.

Your regular attendance at criminal court will depend on what Judge gets assigned to your case. Some Judges require attendance at every court date, and some do not. Before each court date, I will let you know if your attendance will be necessary.

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When I return to the office I often have dozens of phone calls to return. Therefore, it could take me a couple of days to get back with you. Please be patient when waiting for a return phone call. If it is an emergency, please let my assistant know and they will find a way to get in touch with me.

Thank you again for trusting us to handle your case. I have handled thousands of criminal cases throughout my career. I understand that your case is very important to you and I will give your case the attention that it deserves.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

LAW OFFICES OF
DULL & LOWE, L.L.C.

Matthew D. Lowe

MDL:blw