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**DUI FELONIES**

| <b>PERSONAL INFORMATION</b>  | CLIENT |
|--|--------|
| Full Name  |        |
| SS#  |        |
| Current Address  |        |
| Mailing Address ( <i>if different</i> )  |        |
| Home telephone #   |        |
| Cell telephone #   |        |
| Work telephone #   |        |
| Date of Birth  |        |
| Place of Birth ( <i>state</i> )  |        |
| List any Prior DUI's or prior convictions of the same crime and their dates.           |        |
| List any other charges such as a no insurance or driving on a suspended license charge |        |
| Did you eventually want this expunged???   |        |
| Time since your last conviction  |        |
| Name of Employer   |        |
| Employer's Address   |        |
| Length of Employment   |        |
| Job Title  |        |

|  |  |
|--|--|
| Gross Wages per month                                |  |
| Education  |  |
| Contact Information Name Address Phone               |  |
|  |  |
|  |  |
| Person Responsible for Payment Name Address<br>Phone |  |
|  |  |

| <b>INFORMATION WE NEED</b>   |  |
|--|--|
| <b>Proof of Insurance</b>  |  |
| <p>Copy of your citation or charges<br/>Are there any aggravating factors these include:</p> <ol style="list-style-type: none"> <li>1. (30) miles per hour above speed limit while DWI;</li> <li>2. Operating a motor vehicle in the wrong direction on a limited access highway while DUI;</li> <li>3. Operating a motor vehicle that causes an accident resulting in death or serious physical injury While DUI; DWI.</li> </ol> | <ol style="list-style-type: none"> <li>4. Alcohol concentration is 0.18 or more as measured by a test or tests of a sample of the operator's blood or breath taken within two (2) hours of cessation of operation of the motor vehicle</li> <li>5. Refusing to submit to any test of one's blood, breath or urine requested by an officer having reasonable grounds to believe the person was operating or in physical control of a motor vehicle in violation of the DUI laws;</li> <li>6. Operating a motor vehicle that is transporting a passenger under the age of twelve (12) years old while DUI</li> </ol> |

| <b>Helpful information for you</b>   |  |
|--|--|
| <p>Local Kentucky DOT<br/>4109 Bardstown Road<br/>Unit 105<br/>Louisville KY 40219<br/>502-493-1477<br/>Open 8-4pm</p> | <p>40 dollar fee to reinstate a license no cash certified check or Money Order only. If license was suspended due to non payment or not showing you must include a certified copy of the release of suspension when you come to reinstate your license</p> |
| <p>Driving without Insurance cases owners or operators require a letter</p>  |  |

| <b>Helpful information for you</b>  |  |
|---|--|
| <p>from the insurance company showing proof of insurance.</p> <p>1<sup>st</sup> must have 6 months with 2 years of insurance monitoring or fine+ 30 days jail.</p> <p>2<sup>nd</sup> must have 6+6 months or lose license + up to 2500 fine+ up to 180 days jail.</p> |  |
| <p>Rates 150 per hour</p> <p>DUI 1<sup>st</sup> no DUI convictions in prior 5 years 500 retainer</p> <p>DUI 2<sup>nd</sup> -3<sup>rd</sup> 1000 dollars retainer</p> <p>DUI 4<sup>th</sup> a felony 3,000 to 5,000</p>  |  |