

WASHINGTON STATE
SPANISH DUI ARREST REPORT
REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR
REFUSAL TO SUBMIT TO BREATH / BLOOD TEST FOR ALCOHOL AND DRUGS

SUBJECT'S NAME (LAST, FIRST, MI)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE / TIME OF ARREST
STREET ADDRESS		CITY / STATE / ZIP CODE		
DRIVER'S LICENSE NUMBER	CDL ENDORSED? (CHECK IF YES) <input type="checkbox"/>	STATE	COUNTY OF ARREST	CASE / CITATION NUMBER

Type of Test: Breath Blood **Note: Sign and date this page only after toxicology report is received.**

BAC Readings: 1st Sample _____ 2nd Sample _____ **Refused Test** _____

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

After receipt of the warnings required by subsection (2) of RCW 46.20.308, a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more if the person is age twenty-one or over, or was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the person is under the age of twenty-one. OR

After receipt of the warnings required by subsection (2) of RCW 46.20.308, the person refused to submit to a test of his/her blood or breath.

Driver's Hearing Request Information was given to the subject. Valid Washington driver's license/permit punched.

Notice of Right to Hearing: I have been given written notice of my right to a hearing including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address furnished on the above portion of this document. I acknowledge that the address indicated is my current address.

SIGNATURE OF DRIVER DATE

Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.

Operating a Vehicle Requiring a Commercial Driver's License **BAC Readings** 1st Reading _____ 2nd Reading _____ **Refused Test** _____

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. *Chapter 46.25 RCW* OR

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

LAW ENFORCEMENT AGENCY	ORI NO. (9 digits)	OFFICER'S SIGNATURE	DATE SIGNED
MAILING ADDRESS	PRINTED NAME OF OFFICER		BADGE NUMBER
CITY	STATE	ZIP	PLACE SIGNED (city / county / state)
OFFICER'S E-MAIL ADDRESS		CONTACT PHONE NUMBER FOR HEARING (include area code)	

**Department of Licensing
Driver Responsibility
PO Box 9030
Olympia, WA 98507-9030
Fax: (360) 570-7026**

Number of pages faxed _____

USE THIS PAGE AS COVER SHEET

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS – DERECHOS CONSTITUCIONALES

1. You have the right to remain silent.
1. Usted tiene derecho a guardar silencio.
2. You have the right at this time to an attorney.
2. En este momento, usted tiene derecho a tener un abogado.
3. Anything you say can and will be used against you in a court of law.
3. Cualquier cosa que usted diga se puede usar y será usada en su contra en un tribunal judicial.
4. If you are under the age of 18, anything you say can be used against you in a Juvenile Court prosecution for a juvenile offense and can also be used against you in an adult court criminal prosecution if the juvenile court decides that you are to be tried as an adult.
4. Si usted es menor de 18 años, cualquier cosa que usted diga se puede usar en su contra en una acción procesal en el tribunal de menores por un delito juvenil, y también se puede usar en su contra en una acción penal en el tribunal de adultos, si el tribunal de menores decide que a usted se le debe procesar como adulto.
5. You have the right to talk to an attorney before answering any questions.
5. Usted tiene derecho a hablar con un abogado antes de responder cualquier pregunta.
6. You have the right to have an attorney present during the questioning.
6. Usted tiene derecho a tener presente un abogado durante el interrogatorio.
7. If you cannot afford an attorney, one will be appointed for you without cost, if you so desire.
7. Si usted no puede pagar un abogado, se le asignará uno sin costo, si usted lo desea.
8. You can exercise these rights at any time.
8. Usted puede ejercer estos derechos en cualquier momento.
9. Do you understand these rights?
9. ¿Entiende estos derechos?

I have read or have had read to me the above explanation of my constitutional rights and I understand those rights.
He leído o alguien me ha leído la explicación antedicha de mis derechos constitucionales y entiendo esos derechos.

SUBJECT'S SIGNATURE – FIRMA DEL SUJETO _____

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.
ENTIENDO MIS DERECHOS CONSTITUCIONALES. HE DECIDIDO NO EJERCER ESTOS DERECHOS EN ESTE MOMENTO. CUALQUIER DECLARACIÓN HECHA POR MÍ, SE HACE LIBRE Y VOLUNTARIAMENTE, SIN AMENAZAS NI PROMESAS DE NINGÚN TIPO.

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL

SUBJECT'S SIGNATURE / FIRMA DEL SUJETO

DATE / TIME FECHA/HORA

LOCATION(S) LUGAR(es)

Constitutional rights (Miranda) were read in the field at _____ hours from the department issued rights card.
Los derechos constitucionales (Miranda) fueron leídos en el sitio, a partir de la tarjeta de derechos emitida por el departamento, a las _____ horas

ATTORNEY REQUESTED/ ABOGADO SOLICITADO <input type="checkbox"/> YES/SÍ <input type="checkbox"/> NO	ATTORNEY CONTACTED? TIME: ¿ABOGADO CONTACTADO? <input type="checkbox"/> YES/SÍ <input type="checkbox"/> NO <input type="checkbox"/> UNABLE/NO SE PUDO	ATTORNEY'S NAME NOMBRE DEL ABOGADO	ATTORNEY'S PHONE NO. TELÉFONO DEL ABOGADO
EXPLANATION: EXPLICACIÓN:			

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

**IMPLIED CONSENT WARNING FOR BREATH
ADVERTENCIA SOBRE EL CONSENTIMIENTO IMPLÍCITO PARA ALCOHOLEMIA**

**WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:
(check appropriate box(es))**

- RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs. **CRW 46.61.502 O CRW 46.61.504: Conducir o estar en control físico efectivo de un vehículo automotor estando bajo la influencia de alcohol v/o drogas intoxicantes.**
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol. **CRW 46.61.503: Ser menor de 21 años de edad y conducir o estar en control físico efectivo de un vehículo automotor después de consumir alcohol.**
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system. **CRW 46.25.110: Conducir un vehículo automotor comercial teniendo alcohol en su organismo.**

Further, you are now being asked to submit to a test of your breath which consists of two separate samples of your breath, taken independently, to determine alcohol concentration. **Asimismo, se le solicita en este momento que se someta a una prueba de alcoholemia, la cual consiste de dos muestras separadas de su aliento, tomadas independientemente, para determinar la concentración de alcohol.**

1. You are now advised that you have the right to refuse this breath test; and that if you refuse: **Ahora se le advierte que usted tiene derecho a negarse a la prueba de alcoholemia, y que si se niega:**
 - (A) Your driver's license, permit, or privilege to drive will be revoked or denied by the Department of Licensing for at least one year; **AND Su licencia, permiso o privilegio de conducir será revocado o negado por el Departamento de licencias durante por lo menos un año, Y**
 - (B) Your refusal to submit to this test may be used in a criminal trial. **Su negación a someterse a esta prueba puede ser usada en un juicio penal.**
2. You are further advised that if you submit to this breath test, and the test is administered, your driver's license, permit, or privilege to drive will be suspended, revoked, or denied by the Department of Licensing for at least ninety days if you are: **También se le advierte que si usted acepta someterse a esta prueba de alcoholemia, y la prueba se realiza, su licencia, permiso o privilegio de conducir será revocado o negado por el Departamento de licencias durante por lo menos 90 días si usted:**
 - (A) Age twenty-one or over and the test indicates the alcohol concentration of your breath is 0.08 or more, or you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of a vehicle under the influence; **OR Tiene 21 años de edad o más, y la prueba indica que la concentración de alcohol en su aliento es de 0.08 o más, o si usted está violando el edicto RCW 46.61.502, conduciendo ebrio(a) o drogado(a), o el edicto RCW 46.61.504, al tener el control físico de un vehículo estando ebrio(a) o drogado(a); O**
 - (B) Under age twenty-one and the test indicates the alcohol concentration of your breath is 0.02 or more, or you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of a vehicle under the influence. **Tiene menos de 21 años, y la prueba indica que la concentración de alcohol en su aliento es de 0.02 o más, o si usted está violando el edicto RCW 46.61.502, conduciendo ebrio(a) o drogado(a), o el edicto RCW 46.61.504, al tener el control físico de un vehículo estando ebrio(a) o drogado(a).**
3. If your driver's license, permit, or privilege to drive is suspended, revoked, or denied, you may be eligible to immediately apply for an ignition interlock driver's license. **Si su licencia, permiso o privilegio para conducir es suspendido, revocado o rechazado, tal vez califique para solicitar de inmediato una licencia de conducir con control de alcoholemia en el arranque del motor.**
4. You have the right to additional tests administered by any qualified person of your own choosing. **Usted tiene derecho a que cualquier persona calificada que usted escoja le realice pruebas adicionales.**

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: If your driver's license is suspended or revoked, your commercial driver's license, if any, will be disqualified. **PARA QUIENES NO ESTÉN CONDUCIENDO UN AUTOMÓVIL DE USO COMERCIAL EN EL MOMENTO DEL ARRESTO:** Si su licencia de conducir es suspendida o revocada, su licencia de conducir de uso comercial, si la tuviera, será inhabilitada.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: If you either (a) refuse this test or (b) submit to this test and the test indicates an alcohol concentration of 0.04 or more, you will be disqualified by the Department of Licensing from driving a commercial motor vehicle. **PARA AQUÉLLOS QUE ESTÉN CONDUCIENDO UN VEHÍCULO AUTOMOTOR COMERCIAL AL MOMENTO DEL ARRESTO:** Si usted (a) se niega a realizarse esta prueba, o (b) acepta realizarse esta prueba, y la prueba indica una concentración de alcohol de 0.04 o más, usted será descalificado por el Departamento de licencias para poder conducir vehículos automotores comerciales.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT
He leído la declaración antedicha al sujeto.

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).
He leído o alguien me ha leído la(s) declaración(es) antedicha(s).

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL

SUBJECT'S SIGNATURE / FIRMA DEL SUJETO

DATE / TIME - Fecha/Hora

LOCATION / Lugar

WILL YOU NOW SUBMIT TO A BREATH TEST? YES/SÍ NO
¿SE SOMETERÁ USTED AHORA A UN ANÁLISIS DE ALCOHOLEMIA?

Did subject express any confusion regarding the implied consent warnings? **If yes, explain below.** YES NO

<input type="checkbox"/> At the time of this test(s), I was certified to operate the BAC DATAMASTER, the BAC DATAMASTER CDM, and PBT and possessed a valid permit issued by the State Toxicologist.				
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH? ¿TIENE ALGO DENTRO DE SU BOCA? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOUTH CHECKED? TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	2 ND MOUTH CHECK? (If Necessary) TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY FOREIGN SUBSTANCES FOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
<input type="checkbox"/> I observed the subject from the time of the mouth check through the completion of the breath test.				
<input type="checkbox"/> The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.				
<input type="checkbox"/> I performed the PBT test in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC)			PBT READING	PBT TIME
<input type="checkbox"/> BOOKED RELEASED TO: <input type="checkbox"/> PR'D				

**WASHINGTON STATE
DUI ARREST REPORT
DUI INTERVIEW**

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: 1. ¿TIENE USTED ALGUNA DISCAPACIDAD FÍSICA? EXPLIQUE: <input type="checkbox"/> YES / Sí <input type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? 13. ¿ALGÚN PROBLEMA MECÁNICO CON EL VEHÍCULO? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		
2. DO YOU LIMP? / 2. ¿COJEA AL CAMINAR? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? / EN LAS ÚLTIMAS 24 HORAS, ¿HA SUFRIDO LESIONES O HA ESTADO IMPLICADO EN ALGÚN ACCIDENTE? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		
3. ARE YOU SICK / INJURED? EXPLAIN: 3. ¿ESTÁ ENFERMO / LESIONADO? EXPLIQUE: <input type="checkbox"/> YES / Sí <input type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO 15. ¿TOMÓ ALGO DE ALCOHOL DESPUÉS DE QUE LO PARARON / DEL CHOQUE?		
4. UNDER CARE OF A DOCTOR OR DENTIST? 4. ¿ESTÁ BAJO CUIDADO DE UN MÉDICO O DENTISTA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		15A. WHAT? / ¿QUÉ?	15B. HOW MUCH? 15B. ¿CUÁNTO?	16. TIME COLLISION OCCURRED? / ¿HORA DEL CHOQUE?
5. ARE YOU DIABETIC / EPILEPTIC? 5. ¿ES USTED DIABÉTICO O EPILÉPTICO? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION? 17. ¿ADÓNDE IBA ANTES DE QUE LO PARARON / ANTES DEL CHOQUE?		
6. DO YOU TAKE INSULIN? 6. ¿TOMA INSULINA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO	7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES/SÍ <input type="checkbox"/> NO 7. ¿HA TOMADO MEDICINAS/DROGAS EN LAS ÚLTIMAS 24 HORAS?		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? 18. SIN MIRAR, ¿QUÉ HORA CREE QUE ES?	(ACTUAL TIME) (HORA REAL)
7A. PRESCRIPTION? 7A. ¿RECETADA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		19. WHAT STREET / HIGHWAY WERE YOU ON? 19. ¿POR CUÁL CALLE O CARRETERA IBA?		20. DIRECTION OF TRAVEL? / ¿EN QUÉ DIRECCIÓN IBA?
7B. NON-PRESCRIPTION? 7B. ¿NO RECETADA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		21. STARTED FROM? / ¿DE DÓNDE SALIÓ?		22. TIME STARTED? / ¿A QUÉ HORA SALIÓ?
7C. LAST DOSE? / ¿ÚLTIMA DOSIS?		7D. QUANTITY? ¿CANTIDAD?		23. DAY OF THE WEEK? / ¿DÍA DE LA SEMANA? LUNES MARTES MIÉRCOLES JUEVES VIERNES SÁBADO DOMINGO <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
7E. COCAINE? 7E. ¿COCAÍNA?	MARIJUANA? ¿MARIHUANA?	OTHER? ¿OTRA?	24. WHAT CITY / COUNTY ARE YOU IN NOW? 24. ¿EN QUÉ CIUDAD/CONDADO ESTÁ AHORA?	
<input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO	<input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO	<input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO	25. WHAT IS THE DATE? 25. ¿CUÁL ES LA FECHA?	
8. DO YOU HAVE IMPAIRED VISION? 8. ¿TIENE PROBLEMAS DE VISTA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		8A. DO YOU WEAR CORRECTIVE LENSES? 8A. ¿USA LENTES PARA CORREGIR LA VISTA? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? 26. ¿HA ESTADO TOMANDO BEBIDAS ALCOHÓLICAS? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO 8B. ¿LOS TENÍA PUESTOS CUANDO LO PARARON / ANTES DEL CHOQUE?		26B. HOW MUCH? / ¿CUÁNTO?		26A. WHAT HAVE YOU BEEN DRINKING? 26A. ¿QUÉ HA ESTADO TOMANDO?
9. WHERE DO YOU WORK? 9. ¿DÓNDE TRABAJA?	9A. DID YOU WORK TODAY? 9A. ¿TRABAJÓ HOY?	10. TIME YOU GOT OFF WORK? 10. ¿HORA EN QUE SALIÓ DEL TRABAJO?		27. WHO HAVE YOU BEEN DRINKING WITH? 27. ¿CON QUIÉN HA ESTADO TOMANDO?
11. HOURS OF SLEEP LAST NIGHT? 11. ¿CUÁNTAS HORAS DURMIÓ ANOCHE?	12. WERE YOU DRIVING THE VEHICLE? 12. ¿USTED ESTABA CONDUCIENDO EL VEHÍCULO? <input type="checkbox"/> YES/ Sí <input type="checkbox"/> NO		29. TIME OF LAST DRINK? 29. ¿HORA DEL ÚLTIMO TRAGO?	30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE? / 30. ¿CREE USTED QUE SU CONSUMO DE ALCOHOL Y/O DROGAS AFECTÓ SU CAPACIDAD PARA CONducir?

31. HAVE YOU EVER BEEN ARRESTED FOR DUI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO ¿HA SIDO ARRESTADO ALGUNA VEZ POR CONducir EBRIo(A) O DROGADO(A)?		IF YES, HOW MANY TIMES? EN CASO AFIRMATIVO, ¿CUÁNTAS VECES?	
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If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.

PRE-ARREST OBSERVATIONS

1. ATTITUDE <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	2. COORDINATION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLed FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	3. CLOTHES <input type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED – EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)	4. EYES <input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:	5. FACIAL COLOR <input type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	6. ODOR OF INTOXICANTS ON BREATH <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	7. SPEECH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO TIME: _____			INTERPRETER PROVIDED			
10. PASSENGER(S) INFORMATION						

**WASHINGTON STATE
DUI ARREST REPORT
SOBRIETY TESTS**

CASE / CITATION NUMBER

<p align="center">SURFACE</p> <input type="checkbox"/> PAVED <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> GRASS <input type="checkbox"/> OTHER	<p align="center">GRADE</p> <input type="checkbox"/> LEVEL <input type="checkbox"/> SLIGHT GRADE <input type="checkbox"/> MODERATE GRADE <input type="checkbox"/> OTHER	<p align="center">LIGHTING</p> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> STREET LIGHT <input type="checkbox"/> OTHER
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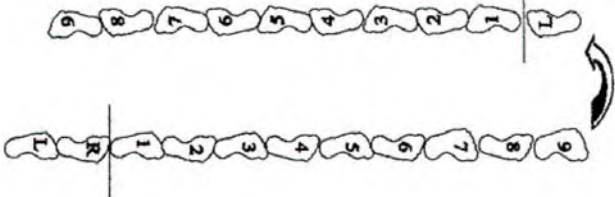
1. HORIZONTAL GAZE NYSTAGMUS (HGN)

I have been trained in the administration of HGN testing and performed the test in accordance with this training.

EQUAL TRACKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	L R	<input type="checkbox"/> <input type="checkbox"/>	Lack of smooth pursuit	VERTICAL NYSTAGMUS	<input type="checkbox"/> YES <input type="checkbox"/> NO
EQUAL PUPILS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Distinct and sustained nystagmus at max deviation		
RESTING NYSTAGMUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Angle of onset prior to 45 degrees		

COMMENTS:

2. WALK AND TURN



Cannot keep balance Starts too soon

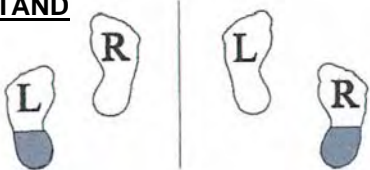
	1 st Nine Steps	2 nd Nine Steps
Stops Walking		
Miss Heel – Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

3. ONE LEG STAND



	L	R	
			Sways while balancing
			Uses arms for balance
			Hopping
			Puts foot down

COMMENTS:

SUPPLEMENTAL TESTS

ABC'S A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

BALANCE

NOTES

FINGER DEXTERITY

NOTES

FINGER TO NOSE

Right Left
 Draw lines from spots touched.

WASHINGTON STATE
**DUI ARREST REPORT
NARRATIVE**

CASE / CITATION NUMBER

Vehicle in Motion (Initial Observation, Observation of Stop):

Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

Pre-Arrest Screening (Field Sobriety Tests):

Administrative Process (BAC and Disposition):

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

SPECIAL EVIDENCE WARNING
ADVERTENCIA SOBRE PRUEBAS ESPECIALES

WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:

- | | |
|--|--|
| <input type="checkbox"/> VEHICULAR HOMICIDE
Homicidio vehicular | <input type="checkbox"/> UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)
Inconsciente (Conducir ebrio(a) o drogado(a)/Control-físico/Conductor- menor de edad) |
| <input type="checkbox"/> VEHICULAR ASSAULT
Agresión vehicular | <input type="checkbox"/> DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER
Arresto por conducir ebrio(a) o drogado(a), resultante de un accidente con graves lesiones corporales a un tercero |

A TEST OF YOUR BLOOD OR BREATH WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; HOWEVER, I MUST ADVISE YOU THAT BECAUSE OF THE NATURE OF THE ARREST, ACCORDING TO THE LAW, A BLOOD OR BREATH TEST MAY BE ADMINISTERED WITHOUT YOUR CONSENT, AND THAT YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

Se le realizará una prueba de sangre o aliento para determinar la concentración de alcohol y/o drogas en su sangre; sin embargo, le debo informar que debido a la naturaleza de su arresto, de acuerdo con la ley, se puede realizar una prueba de aliento o de sangre sin su consentimiento, y que usted tiene derecho a que una persona calificada que usted elija le realice pruebas adicionales.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT
He leído la declaración antedicha al sujeto

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT
He leído o alguien me ha leído la declaración antedicha

OFFICER'S SIGNATURE / Firma del oficial

SUBJECT'S SIGNATURE / Firma del sujeto

DATE / TIME Fecha / Hora LOCATION(s) / Lugar(es)

IMPLIED CONSENT WARNING FOR BLOOD
ADVERTENCIA SOBRE EL CONSENTIMIENTO IMPLÍCITO PARA SANGRE

WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:

- RCW 46.61.502 or RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
CRW 46.61.502 o CRW 46.61.504: Conducir o estar en control físico efectivo de un vehículo automotor estando bajo la influencia de alcohol y/o drogas intoxicantes.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
CRW 46.61.503: Ser menor de 21 años de edad y conducir o estar en control físico efectivo de un vehículo automotor después de consumir alcohol.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.
CRW 46.25.110: Conducir un vehículo automotor comercial teniendo alcohol en su organismo.

Further, you are now being asked to submit to a test of your blood to determine alcohol concentration or the presence of any drug where: **Asimismo, se le solicita en este momento que se someta a un análisis de sangre para determinar la concentración de alcohol o la presencia de cualquier droga, si:**

- (A) You are incapable due to physical injury, physical incapacity, or other physical limitation, of providing a breath sample; OR **Usted es incapaz de ofrecer una muestra de su aliento debido a lesión física, incapacidad física, u otra limitación física; O**
- (B) You are being treated in a hospital, clinic, doctor's office, emergency medical vehicle, ambulance, or other similar facility; OR **Está siendo tratado en un hospital, clínica, consultorio médico, vehículo de emergencias médicas, ambulancia, u otra instalación similar; O**
- (C) The officer has reasonable grounds to believe that you are under the influence of any drug. **El oficial tiene motivos razonables para creer que usted está bajo la influencia de alguna droga.**

A blood test shall be administered by a qualified person authorized by RCW 46.61.506(5). **Una persona calificada, mediante la autorización del edicto RCW 46.61.506(5), le realizará un análisis de sangre.**

- You are now advised that you have the right to refuse this blood test; and that if you refuse: **Ahora se le advierte que usted tiene derecho a negarse al análisis de sangre, y que si se niega:**
 - Your driver's license, permit, or privilege to drive will be revoked or denied by the Department of Licensing for at least one year; AND **Su licencia, permiso o privilegio de conducir será revocado o negado por el Departamento de licencias durante por lo menos un año, Y**
 - Your refusal to submit to this test may be used in a criminal trial. **Su negación a someterse a esta prueba puede ser usada en un juicio penal.**
- You are further advised that if you submit to this blood test, and the test is administered, your driver's license, permit, or privilege to drive will be suspended, revoked, or denied by the Department of Licensing for at least ninety days if you are: **También se le advierte que si usted acepta realizarse este análisis de sangre, y se realiza el análisis, su licencia, permiso o privilegio de conducir será revocado o negado por el Departamento de licencias durante por lo menos 90 días si usted:**
 - Age twenty-one or over and the test indicates the alcohol concentration of your blood is 0.08 or more, or you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of a vehicle under the influence; OR **Tiene 21 años de edad o más, y la prueba indica que la concentración de alcohol en su sangre es de 0.08 o más, o si usted está violando el edicto RCW 46.61.502, conduciendo ebrio(a) o drogado(a), o el edicto RCW 46.61.504, al tener el control físico de un vehículo estando ebrio(a) o drogado(a) O**
 - Under age twenty-one and the test indicates the alcohol concentration of your blood is 0.02 or more, or you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of a vehicle under the influence. **Tiene menos de 21 años de edad, y la prueba indica que la concentración de alcohol en su sangre es de 0.02 o más, o si usted está violando el edicto RCW 46.61.502, conduciendo ebrio(a) o drogado(a), o el edicto RCW 46.61.504, al tener el control físico de un vehículo estando ebrio(a) o drogado(a).**

WASHINGTON STATE
DUI ARREST REPORT

3. If your driver's license, permit, or privilege to drive is suspended, revoked, or denied, you may be eligible to immediately apply for an ignition interlock driver's license. **Si su licencia, permiso o privilegio para conducir es suspendido, revocado o rechazado, tal vez califique para solicitar de inmediato una licencia de conducir con control de alcoholemia en el arranque del motor.**
4. You have the right to additional tests administered by any qualified person of your own choosing. **Usted tiene derecho a que cualquier persona calificada que usted escoja le realice análisis adicionales.**

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: If your driver's license is suspended or revoked, your commercial driver's license, if any, will be disqualified. **PARA QUIENES NO ESTÉN CONDUCIENDO UN AUTOMÓVIL DE USO COMERCIAL EN EL MOMENTO DEL ARRESTO:** Si su licencia de conducir es suspendida o revocada, su licencia de conducir de uso comercial, si la tuviera, será inhabilitada.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: If you either (a) refuse this test or (b) submit to this test and the test indicates an alcohol concentration of 0.04 or more, you will be disqualified by the Department of Licensing from driving a commercial motor vehicle. **Si usted (a) se niega a realizarse esta prueba, o (b) acepta realizarse esta prueba, y la prueba indica una concentración de alcohol de 0.04 o más, usted será descalificado por el Departamento de licencias para poder conducir vehículos automotores comerciales.**

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT.
He leído la declaración antedicha al sujeto

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).
He leído o alguien me ha leído la(s) declaración(es) antedicha(s)

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL

SUBJECT'S SIGNATURE / FIRMAL DEL SUJETO

DATE / TIME Fecha / Hora LOCATION(s) / Lugar(es)

WILL YOU NOW SUBMIT TO A BLOOD TEST? YES / **SÍ** NO I observed blood drawn into gray top vial.
¿Se someterá usted ahora a un análisis de sangre?

Did subject express any confusion regarding the implied consent warnings? YES NO **if so, explain below.**

DATE / TIME SAMPLES TAKEN	CHEMICAL USED TO STERILIZE AREA	HOW DELIVERED? <input type="checkbox"/> HAND CARRIED <input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> OTHER:	
SAMPLE(S) TAKEN BY (PHYSICIAN, RN, QUALIFIED TECHNICIAN) (Please print legibly)	ADDRESS OF PERSON TAKING SAMPLE(S)	PHONE # OF PERSON TAKING SAMPLE(S)	
GIVEN TO (OFFICER)	SAMPLES LABELED BY	DELIVERED FOR ANALYSIS BY	DELIVERED FOR ANALYSIS TO

**VOLUNTARY BLOOD / URINE / BREATH
SANGRE / ORINA / ALIENTO VOLUNTARIO**

I VOLUNTARILY PERMIT _____ TO OBTAIN A SUFFICIENT AMOUNT OF MY BLOOD AND/OR URINE AND/OR BREATH TO TEST IT TO DETERMINE ITS ALCOHOL/DRUG CONTENT. THE PROCEDURES NECESSARY TO TAKE A SAMPLE OF MY BLOOD AND/OR URINE AND/OR BREATH HAVE BEEN EXPLAINED TO ME.
(Physician, RN, Qualified Technician, BAC Operator)

Voluntariamente, permito que _____ obtenga una cantidad suficiente de mi sangre, orina o aliento, o los tres, para analizarlo(s) y determinar su contenido de alcohol/drogas. Se me han explicado los procedimientos necesarios para tomar y analizar una muestra de mi sangre, orina o aliento, o los tres.
(Médico, Enfermera, Técnico Calificado, Operario del BAC)

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL _____ SUBJECT'S SIGNATURE / FIRMA DEL SUJETO _____

DATE / FECHA _____ TIME / HORA _____ LOCATION / LUGAR _____

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive. The hearing will be conducted according to Chapter 308-103 WAC. **Conforme a RCW 46.20.308, ésta es su notificación de que el Departamento de licencias tiene la intención de suspender, revocar o negarle su licencia, permiso, o privilegio de conducir. La audiencia se realizará de acuerdo al Capítulo 308-103 WAC.**

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made within 20 days after receipt of this notice, and may be made either online or in writing. A fee of \$200 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within 20 days from receipt of this notice, or the \$200 fee or Hearing Fee Waiver Application is not included, you will be deemed to have waived your right to a hearing. You also waive your right to a hearing if you receive an Ignition Interlock Driver License.

Usted tiene el derecho de solicitar una audiencia formal para disputar la suspensión, revocación o denegación. Debe presentar su solicitud dentro de un plazo de 20 días a partir de la fecha de recibo de este aviso, y lo puede hacer ya sea en línea o por escrito. A menos que se determine que es indigente, de acuerdo a la definición en RCW 10.101.010, debe pagar una tasa de \$200 como parte de la solicitud de audiencia. Si no presenta su solicitud dentro del plazo de 20 días a partir de la fecha de recibo de este aviso, o si no incluye la tasa de \$200 y no se adjunta la Solicitud de exoneración de la tasa debido a indigencia, se considerará que usted ha renunciado a su derecho a tener una audiencia. También renuncia a su derecho a una audiencia si recibe una licencia de conducir con control de alcoholemia en el arranque del motor.

ONLINE REQUEST – If you have a Washington driver license and a valid MasterCard, Visa, or American Express credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at dol.wa.gov

SOLICITUD EN LÍNEA - Si usted tiene una licencia para conducir de Washington y una tarjeta de crédito válida MasterCard, Visa o American Express, es posible que pueda hacer una solicitud en línea para una audiencia. Para mayor información acerca de las audiencias, incluyendo la solicitud en línea para una audiencia, por favor visite el sitio web del Departamento de licencias en: <http://www.dol.wa.gov/ds/hrnginfo.htm>.

WRITTEN REQUEST – You may choose to request a hearing in writing. The request must be postmarked within 20 days after receipt of this notice. When completed, mail request form and \$200 fee to:

Hearings and Interviews, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

SOLICITUD POR ESCRITO - Usted puede optar por solicitar una audiencia por escrito. El sobre de la solicitud debe tener el sello postal dentro del plazo de 20 días a partir de la fecha de recibo de este aviso. Una vez que haya completado el formulario de solicitud, envíelo por correo junto con la tasa de \$200 a: Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

INDIGENCY – If applying for waiver of fee due to indigence, mail request form and fee waiver application (next page) to: Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031

INDIGENCIA – Si está presentando una Solicitud de exoneración de la tasa debido a indigencia, envíela por correo junto con el formulario de solicitud de audiencia a: Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

Issues at a hearing are:

Los asuntos que se tratarán en la audiencia son:

- Whether you were under lawful arrest.
1. Si usted se encontraba bajo arresto legal o no.
- Whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
2. Si un oficial tenía motivos razonables o no para creer que usted había estado conduciendo o estaba en control físico real de un vehículo automotor en este estado, mientras se encontraba bajo la influencia de alcohol o de alguna droga intoxicante, o si un oficial tenía motivos razonables o no para creer que usted había estado conduciendo o estaba en control físico real de un vehículo automotor en este estado, mientras tenía 0.02 o más de alcohol en su organismo y era menor de veintiún años de edad.
- Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
3. Si usted fue notificado de sus derechos y advertencias o no, según lo exige RCW 46.20.308(2).
- Whether you refused to submit to the test, or if the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.
4. Si usted se negó o no a someterse al análisis, o si se realizó la prueba; si el análisis indicó o no una concentración alcohólica de 0.08 o más si usted tenía veintiún años de edad o más, o 0.02 o más si usted era menor de veintiún años.

Attorney's name (If any)--Do not list public defender NOMBRE DEL ABOGADO (SI LO HAY) - NO LISTE A UN ABOGADO DEFENSOR PÚBLICO		
Attorney's address DIRECCIÓN DEL ABOGADO		
City / CIUDAD	State ESTADO	Zip code + 4 CÓDIGO POSTAL + 4
Attorney's telephone number (Include area code) TELÉFONO DEL ABOGADO (Incluya el código)		
Attorney's FAX number (Include area code) NÚMERO DE FAX DEL ABOGADO (Incluya el código)		
Attorney's email address CORREO ELECTRÓNICO DEL ABOGADO		
Arresting agency AGENCIA RESPONSABLE DEL ARRESTO		

PRINT OR TYPE Your name (Last, First, Middle Initial) SU NOMBRE (EN LETRA DE IMPRENTA)		
Your mailing address SU DIRECCIÓN DE CORREOS		
Your city SU CIUDAD	State ESTADO	Zip code + 4 CÓDIGO POSTAL + 4
Your daytime telephone number (Include area code) SU TELÉFONO DURANTE EL DÍA (Incluya el código)		
Your FAX Number (Include area code) SU NÚMERO DE FAX (Incluya el código)		
Date of birth FECHA DE NACIMIENTO	Date & time of arrest FECHA/HORA DEL ARRESTO	County of arrest CONDADO DEL ARRESTO
Driver license number NÚMERO DE LICENCIA DE CONDUCIR		State ESTADO
Your signature SU FIRMA X		

YOU ARE HEREBY ADVISED that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

POR MEDIO DE LA PRESENTE SE LE NOTIFICA que si las partes o los testigos tienen limitaciones de audición o de lenguaje o si no hablan inglés, se les asignará un intérprete calificado, sin costo para usted. Complete la siguiente información si necesita intérprete.

Request for interpreter <input type="checkbox"/> I need an interpreter Sí, necesito un intérprete <input type="checkbox"/> I am Hearing Impaired Problemas de audición	Primary language Idioma principal	Dialect Dialecto
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**DETACH & CARRY WITH YOUR MARKED LICENSE
CORTE AQUÍ Y CONSERVE ESTA PORCIÓN CON SU LICENCIA MARCADA**

Any license in your possession, as marked by the arresting officer, is only valid for 60 days from the date of arrest or until the Department's action is upheld at a hearing, whichever occurs first. Any marked license is not valid to any greater degree than the license or permit it replaces.

Cualquier licencia que tenga en su posesión, según lo marcado por el agente de policía que realiza el arresto, solamente es válida por 60 días a partir de la fecha del arresto, o hasta que la acción del Departamento haya sido ratificada en una audiencia, según lo que ocurra primero. La licencia marcada no tiene mayor validez que la licencia o el permiso que reemplaza.

Date of Arrest: Fecha del arresto:	
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Hearing Fee Waiver Application

If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$200 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 20 days of the date you received the notice of your right to a hearing.

Name (Last, First, Middle Initial)	Driver license number	Date of arrest
Mailing address		
City	State	Zip code + 4
Daytime telephone (Include area code)		

Check any statement below that is true:

The court has appointed a public defender to represent me on the charge arising out of the arrest for which I am requesting a Department of Licensing administrative hearing. *A copy of court appointment is attached.*

I am currently involuntarily committed to a public mental health facility. *Order is attached.*

I am receiving:

<input type="checkbox"/> temporary assistance for needy families	<input type="checkbox"/> refugee resettlement benefits
<input type="checkbox"/> general assistance	<input type="checkbox"/> medicaid
<input type="checkbox"/> poverty-related veteran's benefits	<input type="checkbox"/> supplemental security income
<input type="checkbox"/> food stamps	

Documentation of the receipt of benefits is attached.

If any of the above statements are true, complete the Affidavit below and submit with your hearing request. If none of the above are true, continue and complete the following:

Eligibility information

Total number of persons in your household (include self) _____

If under age 21, does applicant live with parents? Yes No
If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).

Monthly Income

Self and spouse's monthly take-home pay \$ _____

Contribution for any family member or other person with whom applicant lives, and who is helping to defray applicant's basic living costs \$ _____

Interest, dividends, or other income (specify) \$ _____

Pensions, annuities, social security and/or public assistance (specify) \$ _____

Monthly Expenses

Basic living costs (average monthly amount spent by applicant for shelter, food, utilities, health care, transportation, clothing, loan payments, support payments and court-imposed obligations) \$ _____

Other unusual expenses, including bail obligations (specify) \$ _____

Liquid Assets

Cash, savings, bank accounts, including joint accounts \$ _____

Stocks, bonds, certificates of deposit \$ _____

Equity in real estate \$ _____

Equity in motor vehicle necessary to maintain employment \$ _____

Equity in additional motor vehicles \$ _____

AFFIDAVIT: *I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct and that I have not been denied a court-appointed attorney for financial reasons. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.*

X _____
 Signature Date signed Place signed

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.
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FOR DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____

