CHECKLIST

Use to document reasonable suspicion of impairment. Remember, you MUST be able to prove your suspicions to the Judge, and this will help you do it.

Date of Scheduled Visit _____

Time _____

Time Police Called _____

Police Report Number _____

Appearance *(please check all that apply)*:

- ☐ eyes bloodshot
- ☐ smells of alcohol
- ☐ stumbling/unsteady
- ☐ sleepy
- ☐ flushed
- ☐ sweaty
- ☐ tremors
- ☐ other:_____

Behavior *(please check all that apply)*:

- ☐ argumentative
- ☐ aggressive
- ☐ slurred speech
- ☐ using profanity
- ☐ raised voice/shouting
- ☐ crying
- ☐ unable to concentrate
- ☐ other:_____

Detail the events that caused you to be concerned about the person's ability to function: _____

_____

_____

_____

Third-Party Witness(es): _____

_____

_____

Witness Contact Information *(address/phone)*:_____

_____

_____

_____

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MADD sponsors 1-877-MADD-HELP, a 24-hour helpline connecting victims to trained staff and volunteers providing emotional support and guidance through the justice system.

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