**IMPLIED CONSENT WARNING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department**

**Defendant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will be requesting that you submit to a test of your breath, blood, or urine, or any combination of these tests. If you refuse to submit to any test which I request, your refusal will result in the suspension of your driver’s license by the court at the time of your arraignment and if you are convicted of violating KRS 189A.010 (DUI), will result in your license being suspended by the Transportation Cabinet.

If you refuse to submit to the breath or urine tests, this refusal may be used against you in court as evidence of your violation of KRS 189A.010 (DUI). In addition, if you are subsequently convicted of KRS 189A.010, for a second or greater offense within a ten (10) year period, your refusal of a breath or urine test will be considered an aggravating circumstance and you will be subject to a mandatory minimum jail sentence which is twice as long as the mandatory minimum jail sentence imposed if you submit to the tests.

 If you take the test or tests, the results of any test taken may be used against you in court as evidence of violating KRS 189A.010 (DUI). If you take the test or tests, you have the right to have a test or tests of your blood performed by a person of your choosing described in [KRS 189A.103](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000010&cite=KYSTS189A.103&originatingDoc=N72F795E2A6C411E99F30F2A7AC07F1C8&refType=LQ&originationContext=document&transitionType=DocumentItem&contextData=(sc.UserEnteredCitation)) (a physician, registered nurse, phlebotomist, medical technician, or medical technologist not otherwise prohibited by law) within a reasonable time of your arrest and at your expense.

Although your license will be suspended, you may be eligible immediately for an ignition interlock license allowing you to drive during the period of suspension and, if you are convicted of violating KRS 189A.010 (DUI), you will receive a credit toward any other ignition interlock requirement arising from this arrest.

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department**

During the period immediately preceding the administration of any test, you will be afforded an opportunity of at least ten (10) minutes but not more than fifteen (15) minutes to attempt to contact and communicate with an attorney. Do you wish to attempt to contact an attorney at this time?

Yes \_\_\_\_ No\_\_\_\_

Based upon the information, which was previously read to you, I am now requesting that you submit to a test of your

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(insert breath, blood, or urine, as appropriate).

**WILL YOU NOW SUBMIT TO THE TEST?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**NOTE TO OFFICER - IF THE PERSON COMPLIES WITH ALL THE TESTS YOU REQUESTED, YOU MUST IMMEDIATELY READ THE FOLLOWING TO HIM/HER:**

**Since you have submitted to the requested tests, you now have the right to have a test or tests of your blood performed by a person of your choosing described in** [**KRS 189A.103**](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000010&cite=KYSTS189A.103&originatingDoc=N72F795E2A6C411E99F30F2A7AC07F1C8&refType=LQ&originationContext=document&transitionType=DocumentItem&contextData=(sc.UserEnteredCitation)) **(a physician, registered nurse, phlebotomist, medical technician, or medical technologist not otherwise prohibited by law) within a reasonable time of your arrest, at your expense.**

**Do you want such a test? YES \_\_\_\_\_ NO\_\_\_\_\_**