

*This is a "Fill-able" form. Type your answers in the boxes provided. OR you can print the document, and complete your answers.*

COUNTY OF CONVICTION: \_\_\_\_\_ CAUSE/CASE NUMBER: \_\_\_\_\_

### PERSONAL DATA FORM

\_\_\_\_\_  
Last Name First Name Middle Initial

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_

Telephone Number

How many times have you been married? \_\_\_\_\_

How many dependents, other than yourself live with you?

Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you feel your drinking or drugging has contributed to family problems at any time in your life?

Circle one: YES NO

If yes, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

How many years of schooling completed? \_\_\_\_\_

Highest school grade completed: (Circle one)

None GED/HS diploma Bachelors Masters Doctorate

What type of work have you been trained to do?

\_\_\_\_\_

Are you employed in the type of work you've been trained to do at this time?

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

**DEMOGRAPHIC**

(CIRCLE ONE IN EACH CATEGORY)

**SEX**

Male  
Female

**ETHNICITY**

White Asian  
Black American Indian  
Hispanic Other

**MARTIAL STATUS**

Married Divorced  
Never Married Widowed  
Separated Single

**ARREST INFORMATION**

**Prior to this arrest, was your license...**

(circle one) ...OK

...suspended

Reason: \_\_\_\_\_

...revoked

Cause # on this conviction: \_\_\_\_\_

...business purposes only County of conviction: \_\_\_\_\_

**Your age when you...**

...began drinking \_\_\_\_\_

...were arrested for first offense \_\_\_\_\_

...were arrested for first alcohol-related offense \_\_\_\_\_

**Dates of current and previous arrest and charges:**

If charged with DWI, what was the BAC?

Present arrest \_\_\_\_\_

Others \_\_\_\_\_

DATE OF ARREST	CHARGE

**OTHER INFORMATION**

Have you ever thought you might have a drinking problem?

(Circle one) YES NO

Have you ever received help from ...(circle all that apply)

- ...Family doctor
- ...Church
- ...Alcohol rehab program
- ...Agency (Name: \_\_\_\_\_)
- ...Other (Explain: \_\_\_\_\_)
- ...Psychiatrist/psychologist
- ...Relative/friend
- ...Alcoholics Anonymous

Where do you usually drink?

- \_\_\_\_\_ Party or social drinking
- \_\_\_\_\_ Home, by self
- \_\_\_\_\_ Home, with family, friends
- \_\_\_\_\_ Bar/restaurant
- \_\_\_\_\_ Other

**I understand that information about me and my progress in the DWI school will be used for research purposes and will be shared with Probation and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.**

\_\_\_\_\_  
(Signature)