

PERSONAL DATA FORM – DWI EDUCATION PROGRAM

Last Name _____ First Name _____ Middle Initial ____

Driver's License # _____ State _____

SSN# _____ Date of Birth _____

Commented [JF1]:

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

VERY IMPORTANT:

Case/Cause # _____

County of Conviction _____

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?

_____ Yes _____ No

If yes, why?

EDUCATION

How many years of school have you completed? Currently in college

Highest grade completed? _____ 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 have been trained to do at this time?

_____ No _____ Yes

DEMOGRAPHIC

(Select one answer in each category)

Sex

___ Female ___ Male ___ Prefer not to say

Ethnicity

___ White ___ Black ___ Hispanic
___ Asian ___ American Indian
___ Other

___ Married ___ Divorced ___ Never Married ___ Widowed ___ Separated ___ Single

ARREST INFORMATION

Prior to this arrest, was your license:

___ Suspended Reason: _____

___ Revoked Cause # on this conviction _____

___ Business purposes only, County of conviction _____

Your age when you began drinking _____

Age when you were arrested for first offense _____

Age when you were arrested for first alcohol-related offense _____

If charged with DWI, what was the BAC? Present arrest _____ Others _____

Dates of current and previous arrest and charges:

DATE OF ARREST

CHARGE

_____	_____
_____	_____
_____	_____

OTHER INFORMATION

Have you ever thought you might have a drinking problem? ____ Yes ____ No

Have you ever received help from any of the following? Yes ____ No ____

____ Family doctor ____ Church ____ Alcohol rehab program

Agency's Name _____

____ Psychiatrist/Psychologist ____ Relative/Friend ____ Alcoholics Anonymous ____ Other

If Other explain _____

Where do you usually drink? ____ Party/Social drinking ____ Home, by self

____ Home ____ With family/friends ____ Bar/restaurant ____ Other

I understand that information about me and my progress in the DWI Program 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)
