

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)
