

CLIENT INFORMATION

NAME: _____ SSN: _____ D.O.B: _____

ADDRESS: _____ CITY/STATE/ZIPCODE: _____

HOME PHONE: _____ SEX: MALE FEMALE MARITAL STATUS: SINGLE

DO YOU HAVE HEALTH INSURANCE? YES NO NAME OF INSURER: _____

ATTORNEY'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY/STATE/ZIPCODE: _____

ARE YOU EMPLOYED? YES NO NAME OF EMPLOYER: _____

ADDRESS: _____ CITY/STATE/ZIPCODE: _____

OCCUPATION: _____ NUMBER OF YEARS WITH THIS EMPLOYER: _____

ARE YOU ACTIVE DUTY MILITARY? YES NO RATE OR SPECIALTY RANK: _____

DUTY STATION: _____ COMMAND: _____

DIVISION: _____ EAOS OR DATE THIS ENLISTMENT ENDS: _____

PRD OR DATE OF ROTATION FROM THIS ASSIGNMENT: _____

MAILING ADDRESS (IF IT IS THE SAME AS THE ABOVE ADDRESS, PLEASE WRITE "SAME AS ABOVE")

OFFICE USE ONLY

DUI 1ST DUI 2ND ABUSE & LOSE RECKLESS YOUNG OFFENDER

DMV RENROLLMENT OTHER: _____

SERIAL NUMBER: _____ INTAKE DATE: _____ CASE MANAGER: LINDA RUBAN

ARREST DATE: _____ BAC: _____ COURT DATE: _____ DOCKET#: _____

COURTROOM: VBTC A VBTC B VBTC C VBTC D NTC 1 NTC 2 CIRCUIT COURT

CRIMINAL COURT FEDERAL COURT OTHER: _____

JUDGE: _____ SENTENCE: FINE: _____ SUSPENDED: _____

JAIL: _____

COURT INSTRUCTIONS: _____

LICENSE SURRENDERED? YES NO STATE: _____ REFERRED: IN OUT: _____

IF YOU ENROLLED IN COURT, SCHEDULED INTAKE DATE: _____

CLASSIFICATION: EDUCATION INTENSIVE EDUCATION TREATMENT

CLASS ASSIGNED: _____ START DATE: _____ DATE COMPLETED: _____

TREATMENT AGENCY: _____ START DATE: _____ DATE COMPLETED: _____

MONITOR END DATE: _____