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208 321-5538

CLIENT INFORMATION

Name: _____   Court Date:_____

Case #: CR _____

Address: _____

Phone #:   _____ Email: _____

DOB: _____   Aliases (Maiden, other names)

Marital Status: _____

Social Security # or Drivers License: _____

Judge: _____

Drug and Alcohol/DUI history information

Date of DUI: Did you take a breathalyzer?   BAC results:

Refused? Yes   No.

List Prior Alcohol or Drug Related Arrests or charges: (Please check the Idaho Repository or icourt
to verify dates)

Date: Location: Charge: Disposition;   BAC or refused.

Prior Drug and Alcohol Treatment:
Program Name and Level of care.   Start Date   End Date   Did you complete?

<u>Description of the DUI Incident:</u>
Please describe in your own words, what happened prior to the DUI up to where you were arrested. Where you were, who you with with and an approximate time frame. Was there anything that happened prior to the DUI (a fight with a spouse, celebration...)

How many drinks of alcohol do you estimate you consumed? (A 12 oz beer is considered one,drink a 5 ounce glass of wine is considered one drink. A bottle of wine will have between 4-5 drinks. One shot of alcohol is considered one drink). If you were drinking larger sizes, please take that into consideration when estimating amount.

If there were drugs involved, please list amount and substance. If this is a prescription medication please list the dosage.

How intoxicated did you feel? (0 not at all and 10 very intoxicated)

Why were you pulled over? (Swerving, speeding..)

<u>Assessment of Substance Use:</u>

Do you feel that your alcohol use or other drug use is a problem?
Has your use of alcohol or other problems caused problems for you and your family?
What is your plan as far as future consumption of alcohol use? (Abstain, use moderately…)

In the past 90 days, how many days have you drank alcohol?
Last date of use?
How many days have you had five or more drinks?
How many days have you drank to intoxication?

Any other information that would helpful for me to know