SUBSTANCE ABUSE EVALUATION INFORMATION SHEET

Click to Clear Form

Case #:_____ Interviewer: _____

Appt Date/Time: _____

Name _____ Email:_____
Last, First Middle

Address_____Apt. _____ City _____Zip _____

Phone #: _____ Drive Lic. #: _____ Birth Date: _____/Age: _____

Charge(s) _____

Police Dept. _____ Offense Date _____ Judge _____

Attorney's Name_____ Address _____ City _____Hired/Court Appointed

IDENTIFICATION: Male Female Eyes _____ Hair _____ Height _____ Weight _____

Race: White Black Mexican Other _____

PLACE OF BIRTH (City & State Or Foreign Country): _____

FAMILY DATA

Father _____ Address _____ City _____

Mother _____ Address _____ City _____

Step-Father _____ Address _____ City _____

Step-Mother _____ Address _____ City _____

Brothers/Sisters Names	B/S	Age	Address	City

MARRIAGES

Date _____Wife/Husband's Name _____Birth Date _____ Year Divorced _____

_____ _____ _____ _____

Children's Names	M/F	Age	Address	City

EDUCATION

Highest Grade Completed _____ Last Year Attended _____ Name of School _____ Why Left _____

PERSONAL HABITS

Use of Alcohol: Daily Weekly Monthly Type:_____ Drugs Use: Daily Weekly Monthly Type:_____

MEDICAL

Serious Accidents _____ Medical Problems _____

Conscious Handicaps _____ Psychiatric Assistance _____

_____

_____

MILITARY

Enlisted _____ Inducted _____ Year _____ Where Stationed _____

Discharged Year _____ Highest Rank _____ Type of Discharge _____

RECORD OF CRIMINAL HISTORY - List below all **OTHER** Charges whether convicted or not

Year	Charge	City	Police Dept.	Outcome

WORK RECORD

JOB HISTORY (list most recent job first):

MONTH & YEAR STARTED	MONTH & YEAR ENDED	COMPANY & CITY	KIND OF WORK	WAGES

THE EXACT TRUTH CONCERNING THIS CASE:

IN A PARAGRAPH GIVE THE DETAILS TO THE BEST OF YOUR KNOWLEDGE OF THE EVENTS THAT HAPPENED ON THE DAY THE OFFENSE OCCURRED SUCH AS THE PLACE, THE CITY, THE STREET OR PERSONS YOU WERE WITH, HOW MUCH/WHAT YOU HAD TO DRINK AND THE INCIDENTS LEADING UP TO THE ARREST, TICKET OR LETTER RECEIVED FROM THE POLICE DEPARTMENT OR TURNING YOURSELF IN.

SIGNATURE: _____ DATE:_____