

INITIAL INTAKE ALTO DUI PROGRAM

Name: _____ Intake Date: _____

Permanent/Mailing Address: _____ City: _____

Zip: _____ Phone #: (____) _____ D.O.B: ____ - ____ - ____ Age: _____ Gender M / F

Ethnicity: _____ Marital Status: Single / Married / Divorced / Widow (circle one)

Spouse Name: _____ Dependents: _____

Information In Case Of Emergency:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone #: (____) _____

Employment and Education:

Present Employer: _____ Phone #: (____) _____

Address: _____ City: _____ Zip: _____

Full-Time/Hours: from _____ to _____ Part-Time/Hours: from _____ to _____

Seasonal /Hours: from _____ to _____ Unemployed/Student

May we contact your workplace to leave a message? Yes No

FOR OFFICE USE ONLY

Case # _____ Program Contract Signed [] Leave of Absence Policy Discussed []

Violation Date _____ Confidentiality Form Signed [] Program Rules Discussed []

Conviction Date _____ Payment Agreement Signed [] Suspension Policy Discussed []

CDL# _____ Suspension Policy Signed [] Late Fee Policy Discussed []

Court Codes _____ Intake Date _____

Email address: _____

Client Received Copies of:

Program Contract []
Confidentiality Form []
Suspension Policy []
Payment Agreement []

Client Referred to Program Assistant to Schedule:

Education Assignments []
15-Minute Interviews []
Fee Assessment [] (if requested)
AOD Assessment [] (18-mo. Only)