

**DWI COURT DATA UPDATE**

October 2011

Name: \_\_\_\_\_ Age: \_\_\_\_\_

What is your current phase of DWI Court? **I / II / III / IV**

Occupation and employer: \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

Does your employer know about this probation? **Yes / No** If so, are they supportive? **Yes / No**

Circle marital status: single / married / divorced / widowed / other committed relationship

First name of spouse/ significant other: \_\_\_\_\_

First name & age of each of your children: \_\_\_\_\_

Type of residence: \_\_\_\_\_ How long you have lived there: \_\_\_\_\_

Who lives with you & their relation to you? \_\_\_\_\_

Sobriety date: \_\_\_\_\_

What substance(s) did you regularly use or abuse? \_\_\_\_\_

Are you presently in, or have completed, treatment? **Yes / No** SOP or IOP? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Date completed (if applicable): \_\_\_\_\_

Where you attending AA? \_\_\_\_\_ What step are you on? \_\_\_\_\_

Have you earned any sobriety chips? Please list: \_\_\_\_\_

Do you have a sponsor? **Yes / No** First name of sponsor & phone number? \_\_\_\_\_

How many years of sobriety does your sponsor have? \_\_\_\_\_ Do you do stepwork together? **Yes / No**

When was the last time you contacted him/her? \_\_\_\_\_

What has been the most helpful **program** for your sobriety? **AA / treatment / other:** \_\_\_\_\_

What do you like about it? \_\_\_\_\_

Have you previously had substance abuse **treatment** (before this probation): (Please state when and where.) \_\_\_\_\_

The main source(s) of stress in my life right now is: (Circle all that apply)

- Money                      Family/Relationships                      Probation demands                      Transportation problems
- Health issues              Work/Employment                      Other: (Specify) \_\_\_\_\_

Who is the most supportive person(s) of your sobriety (State first name & relation) \_\_\_\_\_

Do you presently have a SCRAM? **Yes / No** Circle if you have an interlock device: **Home / Vehicle**

Do you have a valid driver's license? **Yes / No** If no, do you have an Occupational Driver's license? **Yes / No**

Have you completed: DWI Repeat Offenders Course? **Yes / No** Victim Impact Panel? **Yes / No**

The **main** thing that helps me stay clean/sober is : \_\_\_\_\_