



Turning Leaf Counseling & Education Center

Stacy Schmermund-Romo, MA, LPC, LSOTP
403 E. Hillje St.
El Campo, TX 77437
(979) 253-3849
office@turningleaftx.net

PERSONAL DATA FORM

Last Name	First Name	Middle Initial
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Drivers License # _____ State _____

SSN# _____ Date of Birth _____

Email Address: _____

Street Address _____

City () _____	State _____	Zip _____
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Telephone _____	County _____
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Email Address: _____

How many times have you been married? _____

How many dependents, other than yourself live with you?

Adults _____ Children _____

Do you feel your drinking or drugging has contributed to family problems at any time in your life?

Circle one: YES NO

If yes, why?

EDUCATION

How many years of schooling completed? _____

Highest school grade completed: (Circle one):

None GED/ HS diploma Bachelors Master Doctorate

What type of work have you been trained to do?

Are you employed in the type of work you've been trained to do at this time?

Yes _____ No _____

**DEMOGRAPHIC
(CIRCLE ONE IN EACH CATEGORY)**

SEX

Male
Female

ETHNICITY

White Asian
Black American Indian
Hispanic Other

MARTIAL STATUS

Married Divorced
Never Married Widowed
Separated Single

ARREST INFORMATION

Prior to this arrest, was your license...

(circle one) ...OK

...suspended

Reason: _____

...revoked

Cause # on this conviction: _____

...business purposes only County of conviction: _____

Your age when you...

...began drug activities _____

...began drinking _____

...were arrested for first offense _____

...were arrested for first drug-related offense _____

Dates of current and previous arrest and charges:

If charged with DWI, what was the BAC? Present arrest _____

Others _____

DATE OF ARREST	CHARGE

OTHER INFORMATION

Have you ever thought you might have a drug problem?

(Circle one) YES NO

Have you ever thought you might have a drinking problem?

(Circle one) YES NO

Have you ever received help from ...(circle all that apply)

- ...Family doctor
- ...Church
- ...Drug/Alcohol rehab program
- ...Narcotics Anonymous
- ...Agency (Name: _____)
- ...Other (Explain: _____)
- ...Psychiatrist/psychologist
- ...Relative/friend
- ...Alcoholics Anonymous
- ...Treatment Program

Where do you usually do drugs?

- _____ Party or social drinking
- _____ Home, by self
- _____ Home, with family, friends
- _____ Other
- _____ Bar/restaurant/Night Club
- _____ Work or School
- _____ On the street

Probation Officer: _____ Phone: _____

P.O. Email: _____

I understand that information about me and my progress in the DOEP school will be used for research purposes and will be shared with Probation and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.

(Signature)



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ATTENDANCE PROCEDURES TEXAS DRUG OFFENDER EDUCATION PROGRAM

All persons assigned to attend the Texas Drug Offender Education Program must successfully complete the following:

1. Attend all course sessions in their proper sequence. Students who miss a class session must start again in a different course, beginning with session one.
2. Arrive on time for each session. The dates, time, and place of the course will be explained at the time of registration. Late arrival may result in an unexcused absence and repayment of the registration fee.
3. Course regulations:
 - A. Students must not have had any alcoholic beverages or drugs prior to attending class.
 - B. Children and relatives are not permitted in the class unless their attendance is cleared with the instructor.
 - C. Students must complete all assignments and turn them in to the instructor on time.
 - D. Smoking in the classroom is not permitted.
4. Parking — While attending the classes, you may park in _____ provided that you have supplied information about the license plate number of your vehicle at the time of registration.
5. If an individual exit interview is to be conducted, you will be notified of the time and location of your appointment.



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DATES: _____ MUST ATTEND ALL CLASSES

TIME: _____

MUST ARRIVE ON TIME (CHECK IN TIME IS _____)

PLACE: _____



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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize **Turning Leaf Counseling & Education Center**

to disclose to _____
(name of person or organization to which disclosure is to be made)

the following information: Attendance & Course Completion
(nature and amount of information to be disclosed)

The purpose of the disclosure authorized in this is to:

Notify Court and or Probation

(purpose of disclosure, as specific as possible)

I understand that all Offender Education Programs shall abide by and obtain any consent to disclosure required by applicable Federal and State laws regarding confidentiality of patient/client records including, as applicable and without limitation, 42 United States Code §290dd-2; 42 Code of Federal Regulations, Part 2, and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically as follows.

Date expires 30 days after certificate is received.
(specification of the date, event, or condition upon which this consent expires)

Dated: _____

Signature of Participant

Signature of Parent, Guardian or Authorized Representative, where required