

**TEXAS DWI INTERVENTION PROGRAM
PERSONAL DATA FORM**

1. Name _____ Date _____
Last First Middle Initial

2. Social Security Number _____ 3. Driver License Number _____

4. Address _____

5. Phone No _____ 6. Gender M F

7. Date of Birth _____ 8. Race/Ethnicity _____

9. Present Marital Status _____ never married _____ separated
 _____ married _____ widowed
 _____ divorced _____ other, specify

10. How many times have you been married? _____

11. How many children do you have? _____

12. Do you feel your drinking has contributed to any marital problems now or in the past?
____ yes ____ no ____ n/a

13. How many years of schooling have you completed? _____

14. What type of work have you been trained to do? _____

15. List the types of jobs you have held _____

INFORMATION CONCERNING THE ARREST THAT BROUGHT YOU HERE

16. Date of arrest _____ 17. Time of arrest _____

18. Cause # _____ 19. Probation Officer _____

20. Speed you were traveling _____ 21. Lawful speed _____

22. Was an accident involved? Yes ___ No ___

23. Was anyone injured? Yes ___ No ___ 24. If yes, how many? _____

25. Was anyone killed? Yes ___ No ___ 26. If yes, how many? _____

27. Has your license ever been under any of these conditions? (including now)
____ suspended (____ number of times)
____ revoked (____ number of times)
____ business purposes only (____ number of times)

28. If your license was suspended or revoked before this arrest, for what reason did the action occur? _____

29. What was the status of your license at the time of the arrest that brought you here?

_____OK _____revoked _____suspended _____business purposes only

30. Have you ever attended a basic DWI education course offered in Texas? _____

If yes, when? _____

31. How many times have you been arrested for any reason? _____

32. If any, list charges _____

33. Number of arrests which involved alcohol? _____

34. Age at first arrest _____ 35. Age at your first alcohol-involved arrest? _____

36. At what age did you begin drinking? _____

37. Have you ever thought you might have an alcohol or drug problem? __Yes __No

38. If so, have you ever received help? Yes ___ No ___ Not Applicable ___

- _____ Alcoholics Anonymous
- _____ Church
- _____ Alcohol rehabilitation program
- _____ Psychiatrist
- _____ Relative
- Agency (please give name) _____

Other (please explain) _____

I understand that information about my progress in the Texas DWI Intervention Program will be used for research purposes and will be shared with the Court 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 _____

Email address: _____



Turning Leaf Counseling & Education Center

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DWI INTERVENTION PROGRAM AGREEMENT

As a participant in this program you must follow these agreements and program requirements:

- You must participate in group discussions, 1-to-1 sessions, and homework.
- You may express your opinions and feelings and are free to say whatever you feel as long as it doesn't disrupt the class.
- You must bring a significant other (spouse, if married) to Modules 9 and 10, Family Week.
- You must develop an action plan.
- You must be on time. If you are late (15 min.) or do not show up for class you may be dropped from this program or be required to attend additional group or individual sessions.
- There will be breaks during class. However, you must return on time.
- There will be no smoking or eating during class. Smoking during breaks will be permitted in designated areas.
- No visitors are allowed except during Family Week, Modules 9 and 10.
- You must abstain from the use of mood-altering chemicals throughout this program.
- You will attend at least two A.A. meetings between Modules 11 and 12.
- In an emergency situation whereby an absence is unavoidable, you must call your instructor to schedule a make-up session. The make-up should be completed before the next class session. If you fail to make up a missed class session you will be dropped from the program. No more than two absences are allowed.

I, _____, agree to comply with all of the above requirements and to attend and complete all assignments and projects as they are assigned and to fully participate in all class discussions.

Signature

Date



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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