PERSONAL HISTORY

ALL ANSWERS ARE CONFIDENTIAL

SSN#: _____ / _____ / _____

NAME: _____ _____ ____ _____
Last First MI Maiden Name

ADDRESS: _____ _____ _____
Street City State Zip Code

DATE OF BIRTH: _____ / _____ / _____ AGE: _____ SEX: F ____ M ____ RACE: B ____ W ____ O ____

HM PHONE: ( ) _____ WK PHONE: ( ) _____ OTHER PHONE: ( ) _____

EDUCATION: (CIRCLE ONE) HIGH SCHOOL: 9 10 11 12 GED COLLEGE: 1 2 3 4 5
POST GRADUATE: YES _____ NO _____ ARE YOU A VETERAN: _____

NAME & ADDRESS OF EMPLOYER: _____

ANNUAL INCOME: $_____ OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

MARITAL STATUS: _____ HOW MANY TIMES HAVE YOU BEEN MARRIED? _____ # CHILDREN: _____
(Never Married / Married / Divorced / Separated / Widow(er)

EMERGENCY CONTACT: _____
NAME (RELATIONSHIP) ADDRESS PHONE

DO YOU SMOKE? _____ NUMBER OF PACKS? _____

HOW OFTEN DO YOU DRINK? _____ EVERY DAY: ____ SEVERAL TIMES PER WEEK: ____ WEEKENDS: _____ SPECIAL OCCASIONS
WHAT DO YOU USUALLY DRINK? _____ BEER: _____ WINE: _____ LIQUOR
HOW MUCH DO YOU DRINK? _____ 1 TO 2 DRINKS: _____ 3 TO 4 DRINKS: ____ 5 OR MORE DRINKS

AGE OF FIRST ARREST _____ TOTAL NUMBER OF ARREST (NOT CHARGES) _____

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL HEALTH ISSUES? (EX: DEPRESSION, BI-POLAR, ECT) _____

DO YOU HAVE ANY MEDICAL PROBLEMS? YES_____ NO _____ IF YES PLEASE EXPLAIN: _____

_____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING ON A REGULAR BASIS? _____

_____

HOW MANY TIMES HAVE YOU BEEN HOSPITALIZED FOR ANY ILLNESS OR INJURY IN THE PAST 5 YEARS? _____

PLEASE EXPLAIN: _____

WHAT COUNTY WERE YOU ARRESTED IN? _____.

WHAT STATE IS/WAS YOUR MOST RECENT DRIVERS LICENSE? _____ LICENSE #: _____

SIGNATURE: _____ DATE: _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE

ASSESSMENT: _____ BAC _____ MAST _____ DAST _____ CAST _____ Pre-Test _____

PRIOR: DUI _____ RD _____ DRUG _____ A/B _____ ALCOHOL _____ COMMENTS: _____

Davidson County Sheriff's Office
DUI Safety Center
1417 Murfreesboro Pike, Nashville, TN 37217
Phone number (615) 862-8355 Fax number (615) 862-8349

CERTIFICATE OF COMPLETION POLICY

1.) In order to receive a certificate of completion you must pay all school fees, attend all classes, and turn in documentation of all required self help meetings. If you do not complete this within one year you will be required to update your paperwork, attend classes, and be reassessed.

2.) IF you are referred to Level III we must receive documentation from the treatment provider that you have completed all treatment requirements as determined by the Clinical Staff of the Safety Center and listed on your Placement Plan Agreement.

3.) Please be advised that if you come to the office or classes under the influence of alcohol or other drugs or if you are re-arrested for an alcohol or drug related offense you will not be issued a certificate of completion until you update your paperwork and interview with a counselor to determine what steps you must take to qualify for a certificate of completion. This office can deny a certificate of completion if you continue to present a serious risk to public safety.

4.) If you need a "Status Letter" for a probation officer or for court, one will be provided to you at no charge. A "Status Letter" will not meet the driver's license reinstatement requirements of the Department of Safety.

5.) If you are re-arrested for DUI, but it is dismissed, we will issue the certificate of completion as soon as you meet the requirements of #3.

6.) If you are convicted of a new DUI or an alcohol related reckless driving, you will be referred to the Safety Center's Level III program. You must complete all of Level III requirements to receive a certificate of completion.

7.) If you lose your certificate of completion and require a duplicate certificate, the Safety Center will run a new arrest history. If you have not been re-arrested for another alcohol related or drug related offense you will be eligible for a duplicate certificate. You will have a $10.00 fee to pay for the review of your record and the new certificate.

I HAVE READ AND AGREE TO THE ABOVE.

DATE: ____ / ____ / ____ STUDENT SIGNATURE: _____

INTERVIEWER: _____

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AGREEMENT TO PARTICIPATE

I understand and agree to abide by the following rules and regulations in order to graduate from the Davidson County Sheriff's Office Safety Center. I understand that part of the program involves assessing and identifying individuals who might have alcohol/drug related problems.

1. NO BUSINESS OF ANY NATURE (OFFICE OR CLASSROOM) WILL BE CONDUCTED WITH ANYONE WHO IS USING ALCOHOL/DRUGS IN ANY AMOUNT.

(a.) I agree to abstain from all drugs/alcohol until I graduate from this program, except medication prescribed by a licensed physician.

(b.) I agree to come to class (or the office) without any alcohol/drugs in my system. I hereby agree to consent to examination by the Davidson County Sheriff's Office Safety Center staff if I appear to be under the influence of alcohol/drugs.

(c.) I understand that refusal to submit to a breath test or a positive breath test will be reported to my probation officer and if I come to the Safety Center under the influence I may be required to complete additional education or treatment requirements to graduate.

2. ATTENDANCE

(a.) I agree to attend all classes as scheduled.

(b.) I agree to arrive on time for classes (no one will be admitted to class late) and cooperate with instructors and other Davidson County Sheriff's Office staff members.

(c.) I agree to contact the office within a week to reschedule any class(es) missed.

(d.) I agree to comply with the dress code policy while I am conducting business with the DUI School.

(e.) I agree to not bring a cell phone into the building as this may violate laws of confidentiality.

(f.) I agree to pay a $20.00 re-scheduling fee for any absence. (You will only be allowed one reschedule with no penalty of $20.)

I agree to accept responsibility for any and all violations of this agreement which will be promptly reported to the Court of jurisdiction.

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

STUDENT SIGNATURE:_____ DATE: _____/_____/_____

INTERVIEWER: _____

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SERVICES PROVIDED FOR CLIENT FEES

1. **SERVICES PROVIDED**:
   a. I understand that I am enrolling in a state licensed DUI School and that the Safety Center offers the 12 hour PRIme for Life Program.
   b. I understand that state licensed DUI Schools are required to conduct assessments on all clients and report the findings to the client and the probation officer or the referring court.
   c. I understand that state licensed DUI Schools are required to make treatment and mental health referrals for the client when the assessment finds clinical support for such a referral.
   d. I understand that "a judge may require anything reasonably related to the offense as a condition of probation or bond" and a referral to substance abuse treatment may be required as a condition of probation or bond.
2. **FEES FOR SERVICES**:
   a. I understand that the fee for the PRIme for Life Program is $140.00 which must be paid in full at the time of registration.
   b. I understand if my arrest occurred outside the State of Tennessee, I will be charged a $100.00 Assessment Fee. An assessment will follow the completion of classes and is mandatory for all out of state offenders. Out of state offenders will pay a total of $240.
   c. If I do not show up for an appointment or class I will be charged a $20.00 makeup fee.

ADMINISTRATIVE REPORTS

I hereby authorize necessary reports required by the Referring Court to be released to the Judges, Probation Officers, Court Officers, and the District Attorney's Office.

I HAVE READ AND AGREE TO ALL OF THE ABOVE:

CLIENT SIGNATURE: _____ DATE: ___/___/___

INTERVIEWER: _____ DATE: ___/___/___

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Alcohol/Drug Use History

Name:_____ DOB:_____

Drug:	Age First Use	Date last used	Frequency	Amount	Withdrawal symptoms
Alcohol					
Marijuana					
Cocaine/Crack					
Amphetamines/Meth					
Sedatives					
Barbiturates					
Heroin					
Other Narcotics Specify:					
Hallucinogens Specify:					
Inhalants Specify:					
Nicotine					

Comments: _____

_____

_____

Signature _____

CONCERNING YOUR CURRENT ALCOHOL OR DRUG RELATED ARREST:

Was there an accident involved in your alcohol or drug related arrest? Yes No

IF YES, PLEASE EXPLAIN: _____

_____

Were there any injuries? Yes No

IF YES, WHAT KIND OF INJURIES: _____

Did you take the breath or blood test? Yes No

IF YES, WHAT PERCENT DID YOU REGISTER? _____

What were you drinking? _____

How many drinks did you have? _____

Where were you prior to driving? _____

Were you taken to jail? Yes No

IF YES, HOW MANY HOURS DID YOU SPEND IN JAIL? _____

Were you handcuffed? Yes No

What time of day did you receive your DUI charge? _____

PLEASE LIST BELOW:

Number of DUI Charges?	Number of Public Drunks?	Number of Drug/Possession?
1. ____ Date _____	1. ____ Date _____	1. ____ Date _____
2. ____ Date _____	2. ____ Date _____	2. ____ Date _____

Number of DUI charges reduced to Reckless Driving? _____ Date: _____

Signature of Student: _____

Date: _____

Prime for Life
A Risk Reduction Program

Pre-test
(Please circle True or False)

T F 1. Alcoholism only happens to troubled people.

T F 2. People with a parent or grandparent with alcoholism are four times more likely to develop alcoholism

T F 3. High tolerance is a sign that a person has increased biological risk.

T F 4. Because beer drinkers tend to drink more in a shorter time, they are likely to reach higher blood alcohol levels.

T F 5. Research shows that people who drink every day have more health problems if they drink three or more drinks daily.

T F 6. Females can generally drink more than males before becoming impaired.

T F 7. Risk for an auto crash goes up as Blood Alcohol Level (BAL) goes up.

T F 8. People who use a designated driver can drink as much as they want and not increase their risk for alcohol related problems.

T F 9. I cannot have alcoholism if I don't drink everyday.

T F 10. A single dose of marijuana is eliminated from the body in a few hours.

MAST

Name: _____ **Date:** _____

	YES	NO
1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people).	____	____
2. Have you ever awakened the morning after some drinking the night before and found you could not remember part of the night?	____	____
3. Does your wife, husband, parent, or other relative ever worry or complain about your drinking?	____	____
4. Can you stop drinking without a struggle after one or two drinks?	____	____
5. Do you ever feel guilty about your drinking?	____	____
6. Do friends or relatives think you are a normal drinker?	____	____
7. Are you able to stop drinking when you want to?	____	____
8. Have you ever attended a meeting of Alcoholics Anonymous?	____	____
9. Have you ever gotten into physical fights when drinking?	____	____
10. Has drinking ever created problems between you and your wife, husband, a parent, or other relative?	____	____
11. Has your wife, husband, parent, or other near relative ever gone to help about your drinking?	____	____
12. Have you ever lost friends, girlfriends, or boyfriends because of your drinking?	____	____
13. Have you ever gotten into trouble at work because of your drinking?	____	____
14. Have you ever lost a job because of drinking?	____	____
15. Have you ever neglected your obligations, your family, or your work for two or more days because of you were drinking?	____	____
16. Do you drink before noon fairly often?	____	____
17. Have you ever been told you have liver trouble/Cirrhosis?	____	____
18. After heavy drinking have you ever had delirium tremens(DTs) or severe shaking, heard voices, or seen things that weren't there?	____	____
19. Have you ever gone to anyone for help regarding your drinking?	____	____
20. Have you ever been in a hospital because of drinking?	____	____
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a General hospital where drinking was part of the problem that resulted in the hospitalization	____	____
22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?	____	____
23. Have you ever been arrested for driving under the influence of alcoholic beverages?	____	____
24. Have you ever been arrested, even for a few hours, because of other drunken behavior?	____	____

C.A.S.T.

Yes	No		Yes	No	
		1. Have you ever thought one of your parents had a drinking problem?			16. Did you ever feel caught in the middle of an argument between a drinking parent and your other parent?
		2. Have you ever lost sleep because of a parent's drinking?			17. Did you ever feel that you made a parent drink alcohol?
		3. Did you ever encourage one of your parent's to quit drinking?			18. Have you ever felt that a problem drinking parent did not really love you?
		4. Did you ever feel alone, scared, angry or frustrated because a parent was not able to quit drinking?			19. Did you ever resent a parent's drinking?
		5. Did you ever argue or fight with a parent when he or she was drinking?			20. Have you ever worried about a parent's health because of his/her alcohol use?
		6. Did you ever threaten to run away from home because of a parent's drinking?			21. Have you ever been blamed for a parent's drinking?
		7. Has a parent ever yelled or hit you or other family members when drinking?			22. Did you ever think your father was an alcoholic?
		8. Have you ever heard your parent's fights when one of them was drunk?			23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
		9. Did you ever protect another family member from a parent who was drinking?			24. Did a parent ever make promises to you that he/she did not keep because of drinking?
		10. Did you ever feel like hiding or emptying a parent's bottle of liquor?			25. Did you ever think your mother was an alcoholic?
		11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his/her drinking?			26. Did you ever wish that you could talk to someone who could understand and help the alcohol related problems in your family?
		12. Did you ever wish that a parent would stop drinking?			27. Did you ever fight with your brother and sisters about your parent's drinking?
		13. Did you ever feel responsible for and guilty about a parent's drinking?			28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
		14. Did you ever fear that your parent's would get divorced due to alcohol misuse?			29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
		15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?			30. Did you ever take over chores and duties at home that were usually done by a parent before he/she developed a drinking problem?

DAST (Drug Abuse Screening Test)

Name:_____

Date: _____

Score: _____

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Have you abused prescription drugs?	Yes	No
3. Do you abuse more than one drug at a time?	Yes	No
4. Can you get through the week without using drugs? (other than for medical reasons)	Yes	No
5. Are you always able to stop using drugs when you want to?	Yes	No
6. Do you abuse drugs on a continuous basis?	Yes	No
7. Do you try to limit your drug use to certain situations?	Yes	No
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
9. Do you ever feel bad about your drug abuse?	Yes	No
10. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
11. Do your friends or relatives know or suspect you abuse drugs?	Yes	No
12. Has drug abuse ever created problems between you and your spouse?	Yes	No
13. Has any family member ever sought help for problems related to your drug use?	Yes	No
14. Have you ever lost friends because of your use of drugs?	Yes	No
15. Have you ever neglected your family or missed work because of your use of drugs?	Yes	No
16. Have you ever been in trouble at work because of drug abuse?	Yes	No
17. Have you ever lost a job because of drug abuse?	Yes	No
18. Have you gotten into fights when under the influence of drugs?	Yes	No
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	Yes	No
20. Have you ever been arrested for driving while under the influence of drugs?	Yes	No
21. Have you engaged in illegal activities to obtain drugs?	Yes	No
22. Have you ever been arrested for possession of illegal drugs?	Yes	No
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	Yes	No
24. Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, or bleeding)?	Yes	No
25. Have you ever gone to anyone for help for a drug problem?	Yes	No
26. Have you ever been in hospital for medical problems related to your drug use?	Yes	No
27. Have you ever been involved in a treatment program specifically related to drug use?	Yes	No
28. Have you been treated as an outpatient for problems related to drug abuse?	Yes	No

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RELEASE OF INFORMATION

AUTHORIZATION

Student Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize the Davidson County Sheriff's Office Safety Center to release information regarding my status in the Safety Center to my Probation Officer and the Court having jurisdiction. I understand that this information will be used to determine my compliance with the orders of the Court and the conditions of my probation.

PLEASE IDENTIFY YOUR ATTORNEY IF YOU WANT TO GIVE THIS OFFICE PERMISSION TO RELEASE INFORMATION TO HIM/HER:

_____

IF YOU WANT TO GIVE THE SAFETY CENTER STAFF PERMISSION TO RELEASE INFORMATION TO ANY INDIVIDUAL (FAMILY MEMBER OR FRIEND) PLEASE IDENTIFY THE PERSON(S) BY NAME:

_____

I understand that all intake information is held confidential and protected by (42-CFR, Part 2) Federal Laws governing the confidentiality of alcohol/drug treatment records. **Without this release the Safety Center is not allowed to discuss your case, schedule appointments or conduct any business with anyone other than yourself.**

I understand that this Federal Law requires that I protect the confidentiality of other people in the program.

This authorization may be revoked at any time by my written statement, and is automatically revoked at the end of my probationary period of the charge which I am currently being referred for education and/or treatment.

Signature of Student: _____ Date: _____

Witness: _____ Date: _____

Student Evaluation

To be filled out by PRI Instructor(s)

Student _____

Clinical Scores: **MAST:**_____ **DAST:** _____ **CAST** _____

PRI Session 1 Date Completed _____ Instructor's Name _____
Student speaks out, appears particularly interested. Student speaks seldom, but appears involved. No participation. Annoyed. Hostile. Disruptive in class.

PRI Session 2 Date Completed _____ Instructor's Name _____
Student speaks out, appears particularly interested. Student speaks seldom, but appears involved. No participation. Annoyed. Hostile. Disruptive in class.

PRI Session 3 Date Completed _____ Instructor's Name _____

Student speaks out, appears particularly interested. Student speaks seldom, but appears involved. No participation. Annoyed. Hostile. Disruptive in class.

PRI Session 4 Date Completed _____ Instructor's Name _____
Student speaks out, appears particularly interested. Student speaks seldom, but appears involved. No participation. Annoyed. Hostile. Disruptive in class.

_____Certificate of Completion Issued
_____Client Owes Fees to Complete
_____Assessment Letter Issued * Placement Pending Interview
_____Assessment Letter Issued * Level III Placement

Instructor Comments/Recommendations_____