



## EDUCATION

How many years of schooling complete? \_\_\_\_\_  
Highest school grade completed: (Circle one)

Did not Finish HS      GED/HS diploma      Bachelors      Masters      Doctorate

## EMPLOYMENT

List all jobs you have held in the past 3 years, beginning with you present job. Give a description of the type of job, year of employment and reason for leaving.

JOB	YEAR OF EMPLOYMENT	REASON FOR LEAVING
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How much total time were you unemployed in the last 3 years? \_\_\_\_\_

## DEMOGRAPHICS

SEX

Male  
 Female

RACE/ETHNICITY

White     Black  
 Hispanic     Asian  
 Native American

MARITAL STATUS

Married     Single  
 Divorced     Separated  
 Widowed     Other

## ARREST INFORMATION

Dates of current and previous arrests and charges:

DATE OF ARREST (YEAR)	CHARGES
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Cause # \_\_\_\_\_ Probation Officer \_\_\_\_\_

If charged with DWI, what was the BAC? \_\_\_\_\_ Present Arrest \_\_\_\_\_

Others \_\_\_\_\_

How many times has your license now or ever been:

\* suspended \_\_\_\_\_

\* revoked \_\_\_\_\_

\* business purposes only \_\_\_\_\_

Prior to this arrest, was your license:

OK

suspended

revoked

business purposed only

Reason: \_\_\_\_\_

Your age when you:

\* began drug activities \_\_\_\_\_

\* began drinking alcohol \_\_\_\_\_

\* were arrested for first offense \_\_\_\_\_

\* were arrested for first drug-related offense \_\_\_\_\_

What are your drugs of choice? \_\_\_\_\_

### OTHER INFORMATION

Have you ever thought you might have a drug problem?

Yes

No

Have you ever thought you might have a drinking problem?

Yes

No

Have you ever received help from:

family doctor

psychiatrist/psychologist

church

relative/friend

drug/alcohol rehab

Alcoholics Anonymous

Agency (name): \_\_\_\_\_

Other (explain): \_\_\_\_\_

Where do you usually use drugs?

- |   |  |
|---|--|
| <input type="checkbox"/> Party or social event      | <input type="checkbox"/> Home, by yourself |
| <input type="checkbox"/> Home, with family, friends | <input type="checkbox"/> Night Club        |
| <input type="checkbox"/> Work or School             | <input type="checkbox"/> On the street     |
| <input type="checkbox"/> Other                      |  |

I understand that information about me and my progress in this Drug Education Course 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.

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Signature

FAX all pages to 866-838-2089

OR

EMAIL to [mail@comaled.org](mailto:mail@comaled.org)



## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize COMAL ALCOHOL & DRUG EDUCATION  
(name of participant)

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

the following information: \_\_\_\_\_  
(nature and amount of information to be disclosed)

The purpose of the disclosure authorized in this is to:

\_\_\_\_\_

(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 law regarding confidentiality of 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.

\_\_\_\_\_

(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