

**PERSONAL HISTORY FORM**

Please READ CAREFULLY!!!! Complete the following information. Failure to provide honest, accurate information may result in rescheduling into a different class and additional fees and penalties being assessed. BE HONEST!

TODAY'S DATE: \_\_\_\_\_

**IDENTIFYING INFORMATION**

1. NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

2. ADDRESS:

\_\_\_\_\_

Street address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Home Phone Work Phone

3. Marital Status \_\_\_\_\_ Married Race: \_\_\_\_\_ White  
\_\_\_\_\_ Separated. \_\_\_\_\_ Black  
\_\_\_\_\_ Single \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Window \_\_\_\_\_ Indian  
\_\_\_\_\_ Divorced \_\_\_\_\_ Specify Other

4. Highest Grade Completed: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Social Security #: \_\_\_\_\_ FL Driver's License #: \_\_\_\_\_

6. Out of State Driver's License: State \_\_\_\_\_ License # \_\_\_\_\_

7. Occupation: \_\_\_\_\_

8. Local Contact and Phone #: \_\_\_\_\_

9. Local Contact Address: \_\_\_\_\_

10. Have you ever attended a DUI Program before? \_\_\_\_\_ If Yes, Where and When?  
\_\_\_\_\_
11. For what charge are you enrolling in this program? \_\_\_\_\_
12. Did you take a breath or blood test? \_\_\_\_\_
13. If yes to 12, What was your blood alcohol content? \_\_\_\_\_
14. In what county were you arrested? \_\_\_\_\_
15. What was the date of your arrest? \_\_\_\_\_
16. What is your court date? \_\_\_\_\_ Who is your Judge? \_\_\_\_\_
17. Who is your Probation Officer? \_\_\_\_\_
18. How many DUI/DWI arrests have you had in your life? \_\_\_\_\_
19. How many DUI reduced to reckless driving charges have you had in your life? \_\_\_\_\_
20. Including this charge, how many times have you been arrested in your life? \_\_\_\_\_
21. Give Dates and charges of all arrests? \_\_\_\_\_  
\_\_\_\_\_
22. How many times was alcohol/drugs involved in the arrests? \_\_\_\_\_
23. Have you ever refused a sobriety test/breathalyzer? \_\_\_\_\_  
If Yes, How many times and when? \_\_\_\_\_
24. How long have you been driving? \_\_\_\_\_ How many traffic citations have you  
Had? \_\_\_\_\_ How many accidents? \_\_\_\_\_
25. Has your drivers license ever been suspended? \_\_\_\_\_ If Yes, How may  
Times and Why? \_\_\_\_\_
26. Where was your original license issued? \_\_\_\_\_

**OTHER PERSONAL DATA**

27. Have you served in the military? \_\_\_\_\_ What Branch? \_\_\_\_\_

28. What type of discharge did you receive? \_\_\_\_\_

29. Did you participate in any alcohol/drug education programs in the Military: \_\_\_\_\_

30. Where do you work/ \_\_\_\_\_ How long? \_\_\_\_\_

31. What kind of work do you do? \_\_\_\_\_

32. What is your weekly take home pay? \_\_\_\_\_

33. What is the highest income you have ever made? \_\_\_\_\_

34. How is your health? \_\_\_\_\_

35. Do you take any medications? \_\_\_\_\_ If yes, what do you take?

<b>Medication Taken</b>	<b>Reason For?</b>

36. Have you ever attended counseling, A.A. or any substance abuse education program?

\_\_\_\_\_ Where and When? \_\_\_\_\_

37. Have you ever been concerned about personal problems? \_\_\_\_\_

38. Have you ever sought help for personal problems? \_\_\_\_\_

39. Have you ever been concerned about your drinking/drug use? \_\_\_\_\_

40. How would you describe your drinking/drug use? \_\_\_\_\_

---

41. What do you feel is the purpose of required attendance at the DUI Program?

---

42. What part of your involvement in the DUI system will most likely prevent you from getting another arrest? (Fine, Jail, Classes, etc...)

Client Signature:

Witness Signature

---

