

# BEE SERVICES, INC.

TODAY'S DATE: \_\_\_\_\_ CAUSE NUMBER: \_\_\_\_\_  
COUNTY OF ARREST \_\_\_\_\_ PROBATION OFFICER: \_\_\_\_\_  
PROBATION COUNTY: \_\_\_\_\_ PROBATION LOCATION: \_\_\_\_\_

## CANNABIS PERSONAL DATA FORM

NAME (Last, First, M.I.): \_\_\_\_\_  
ADDRESS (as shown on D.L.): \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SS#: \_\_\_\_\_

### DEMOGRAPHICS: (CIRCLE ONE IN EACH CATEGORY)

SEX: ☐ MALE ☐ FEMALE  
MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED  
ETHNICITY: ☐ CAUCASIAN ☐ AFRICAN-AMERICAN ☐ ASIAN ☐ HISPANIC ☐ NATIVE AMERICAN ☐ OTHER

### FAMILY/DEPENDENTS:

How many times have you been married? \_\_\_\_\_ How many children do you have: \_\_\_\_\_  
How many dependents, other than yourself, are living with you? Adults \_\_\_\_\_ Children \_\_\_\_\_  
Do you feel your drinking or drugs has contributed to family problems at any time in your life? YES NO  
If YES, why? \_\_\_\_\_

### EDUCATION:

How many years of school have you completed? \_\_\_\_\_  
Highest Grade level completed: ☐ None ☐ HS Diploma/GED ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate  
What type of work have you been trained to do? \_\_\_\_\_  
Are you presently employed in the type of work you have been trained to do? YES NO

**EMPLOYMENT:** List all jobs held in the past 3 years, beginning with the present job. Give a brief description of job type, length of employment, and reason for leaving.

JOB DESCRIPTION	LENGTH OF EMPLOYMENT	REASON FOR LEAVING

What was the total amount of time you were unemployed in the last 3 years? \_\_\_\_\_

What was the reason? \_\_\_\_\_

### ARREST INFORMATION

DATE OF ARREST (YEAR) \_\_\_\_\_

CHARGE \_\_\_\_\_

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

Others: \_\_\_\_\_

How many times has your license now or ever been: \_\_\_\_\_

Suspended: \_\_\_\_\_ Revoked: \_\_\_\_\_ Occupational: \_\_\_\_\_

Prior to this arrest, was your license : Circle one

OK

Suspended

Revoked (reason) \_\_\_\_\_ Occupational

Your age when:

Began drug activities: \_\_\_\_\_ Began drinking alcohol: \_\_\_\_\_ Were arrested for the first time: \_\_\_\_\_

Were arrested for drug related offense: \_\_\_\_\_ Were arrested for alcohol related offense: \_\_\_\_\_

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

### 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

Drug/Alcohol Rehab Program

Narcotics Anonymous

Alcoholics Anonymous

Church

Relative/Friend

Treatment Program

Psychiatrist/Psychologist

Agency (Name): \_\_\_\_\_

Other (Name): \_\_\_\_\_

Where do you usually use drugs or alcohol? (Circle all that apply)

Party or social event

Home, with friends, family

Home, by self

Work or School

Night Club

On the Street

Other: \_\_\_\_\_

I understand that the information about me and my progress in the DWI/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 \_\_\_\_\_

Date \_\_\_\_\_



*Bee Services, Inc.*

*1600 N Interstate 35E Carrollton, TX 75006  
2300 Coit Road Plano, TX 75075*

## **CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize BEE SERVICES, INC

To disclose to \_\_\_\_\_

the following information: Attendance and Participation/ Pretest-Post test

The purpose of the disclosure authorized in this is to: To the above Parties

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.

End of Probation/one (1) year

(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

214.458.5000 (Office) / 972.243.3520 (Fax)

Email: [beeservicesinc@sbcglobal.net](mailto:beeservicesinc@sbcglobal.net) - Website:

## Bee services

### Class Education Class Rules

1. You MUST attend all sessions in order to receive a certificate of completion. If you miss a class you must register for another class and re-pay the course fee.
2. You agree to do all assigned homework and turn it in prior to the beginning of the next session(class day)
3. Students must make a score of 70% or higher to receive a certificate of completion
4. Students should take notes in the class and they can use them on the final test
5. Please do not work ahead in your workbook as this can become confusing
6. An exit interview may be required
7. Full payments should be made prior to the start of the first session (Cash,Money order or Credit/Debit cards accpted) \$2.50 convenience fee is added to each credit card payment
8. Students must be on time for all classes
9. Students must dress appropriately
10. All students must participate
11. You may not use cell phones during the class without previous instructor permission.
12. No weapons(knives,guns,etc.) allowed in the classroom
13. If you chew gum during a session. Please have common sense and manners when your done with and discard it in a trash can not the floor or underneath the table/ chairs
14. Visitors will not be permitted in the classroom without advance permission from the instructor
15. If you lose your certificate you will be able to purchase a duplicate certificate for \$25.00. if class was taken in the past three(3) years
16. Clients should not be under the influence of any illegal drugs or have drank any alcohol prior to class
17. Refunds may only come i the form of other classes with prior approval

\_\_\_\_\_

Date:\_\_\_\_\_

Participant

\_\_\_\_\_

Date:\_\_\_\_\_

Parent or Gaurdian

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### DRUG USE QUESTIONNAIRE (DAST-20)

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months.

Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question.

In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past 12 months.

Circle Your  
Response

- |     |   |     |    |
|-----|---|-----|----|
| 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? .....   | Yes | No |
| 5.  | Are you always able to stop using drugs when you want to? .....   | Yes | No |
| 6.  | Have you had "blackouts" or "flashbacks" as a result of drug use? .....   | Yes | No |
| 7.  | Do you ever feel bad or guilty about your drug use? .....   | Yes | No |
| 8.  | Does your spouse (or parents) ever complain about your involvement<br>with drugs? .....   | Yes | No |
| 9.  | Has drug abuse created problems between you and your spouse<br>or your parents? .....   | Yes | No |
| 10. | Have you lost friends because of your use of drugs? .....   | Yes | No |
| 11. | Have you neglected your family because of your use of drugs? .....  | Yes | No |
| 12. | Have you been in trouble at work because of drug abuse? .....   | Yes | No |
| 13. | Have you lost a job because of drug abuse? .....  | Yes | No |
| 14. | Have you gotten into fights when under the influence of drugs? .....  | Yes | No |
| 15. | Have you engaged in illegal activities in order to obtain drugs? .....  | Yes | No |
| 16. | Have you been arrested for possession of illegal drugs? .....   | Yes | No |
| 17. | Have you ever experienced withdrawal symptoms (felt sick) when you<br>stopped taking drugs? .....                               | Yes | No |
| 18. | Have you had medical problems as a result of your drug use<br>(e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? ..... | Yes | No |
| 19. | Have you gone to anyone for help for a drug problem? .....  | Yes | No |
| 20. | Have you been involved in a treatment program specifically<br>related to drug use? .....  | Yes | No |