

Bee Services Inc.

Today's Date: _____

Probation Officer : _____

County of Conviction/Arrest: _____

Probation County: _____

Case/Cause Number: _____

Probation Location(Office): _____

Texas DWI Education Program Personal Data Form

Name(Last, First, M.I.): _____

Address(As shown on DL): _____

City/State/Zip-code: _____

Phone Number: _____ Date of Birth: _____

DL or ID #: _____ State: _____ SS# _____

Demographics (Circle one in each category)

Sex: Male Female Other
Marital Status: Single Married Divorced Separate 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 drinking or drug's have 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 Complete: None HS/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 starting with the present job. Give 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 the last 3 years? _____

What was the reason? _____

INFORMATION CONCERNING THE ARREST THAT BROUGHT YOU HERE

Date of Arrest: _____ Time of Arrest: _____ Speed you were Traveling: _____ Lawful Speed: _____

Was an accident involved? YES NO Was anyone injured or killed? #Injured _____ #Killed _____

Has your license ever been under any of these conditions? (including now)

Suspended Y / N Number of times _____ Reason _____

Revoked Y / N Number of times _____ Reason _____

Occupational Y / N Number of times _____ Reason _____

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

OK Revoked Suspended Occupational Did not have

Have you ever attended a DWI education course offered in Texas? YES NO If yes, when? _____

How many times have you been arrested for any reason? _____ If Any, list charges: _____

Number of arrests which involved alcohol? _____ Age at first arrest? _____ Age began drinking? _____

Age at first alcohol related arrest? _____ Have you ever thought you might have a drinking problem? YES NO

Where do you usually drink? (Circle all that apply)

Party or Social Event Home with friends and family Home by self Bar/Restaurant/Club

Have you ever received help from any of the following for your drinking? (Circle all that apply)

Family Doctor Relative/ Friend Alcohol/Drug Rehab Alcoholics Anonymous Psychiatrist/ Psychologist Church

Agency(Name): _____ Other(Name): _____

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

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize **BEE SERVICES INC.**
(NAME)

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

the following information **attendance, participation and pre/post test**
(information to be disclosed)

The Purpose of the disclosure authorized in this is to: Inform Probation/Lawyers of Course Progress/
Completion. _____

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**

Dated: _____

Signature of Participant

Signature of Parent, Guardian or Authorized
Representative, where required

NAME _____
(FIRST) (MI) (LAST)

DL OR ID # _____ BIRTHDATE _____ RACE _____ SEX _____

OFFENSE _____

OFFENSE COMMITTED IN COMMERCIAL VEHICLE ____YES ____NO ____UNKNOWN

DRIVER LICENSE OR OPERATING PRIVILEGE SUSPENDED

BEGINNING DATE _____ ENDING DATE _____

DRUG EDUCATION PROGRAM

DRUG EDUCATION PROGRAM SUCCESSFULLY COMPLETED (DATE)_____

DUI PROBATION GRANTED REQUIRED TO ATTEND EDUCATION PROGRAM_____

DWI EDUCATION PROGRAM
COMPLETED _____

PROGRAM FOR REPEAT OFFENDERS
COMPLETED_____

DUI EDUCATION PROGRAM WAIVED_____

DWI EDUCATION PROGRAM FOR REPEAT
OFFENDERS WAIVED_____

DATE EXTENDED FROM _____ TO _____

CERTIFIED BY _____ TITLE _____

COURT CAUSE COUNTY

NDP - Adapted

Name _____

Date_____

Please read each question carefully, and then check the most correct answer in the box provided. Check only one box for each question.

1. How many times have you been arrested on charges involving alcohol?
(Do not count the present DWI arrest) _____ (Times)
2. Is someone close to you concerned about your drinking
Yes () No ()
3. With whom did you do most of your drinking before the arrest?
Husband/Wife () Relative () Friends ()
Strangers () Alone ()
4. Do you believe your drinking problem may be causing you problems?
Yes () No ()
No, but it use to cause me problems () Not Sure ()
5. Do you want help for a drinking problem?
Yes () No () Not Sure ()
6. Do you feel you are a normal drinker?
Yes () No ()
7. Have you ever awakened the morning after some drinking the night before and found your could not remember a part of the evening before?
Yes () No ()
8. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
Yes () No ()
9. Can you stop drinking without a struggle after one or two drinks?
Yes () No ()
10. Do you ever feel bad about your drinking?
Yes () No ()
11. Do your friends or relatives think you are a normal drinker?
Yes () No ()
12. Do you ever try to limit your drinking to certain times of the day or to certain places?
Yes () No ()
13. Are you always able to stop drinking when you want to?
Yes () No ()

14. Have you ever attended a meeting of Alcoholics Anonymous?
Yes () No ()
15. Have you gotten into fights when drinking?
Yes () No ()
16. Has drinking ever created problems between you and your wife, husband, parent or other near relative?
Yes () No ()
17. Has your wife, husband, a parent or other near relative ever gone to anyone for help about your drinking?
Yes () No ()
18. Have you lost friends because of drinking?
Yes () No ()
19. Have you ever gotten into trouble at work because of drinking?
Yes () No ()
20. Have you ever lost a job because of drinking?
Yes () No ()
21. Have you ever neglected your obligations, your family or your work for 2 days or more days in a row because you were drinking
Yes () No ()
22. Do you drink before noon fairly often?
Yes () No ()
23. Have you ever been told you have liver trouble? Cirrhosis?
Yes () No ()
24. After heavy drinking, have you ever had delirium tremens (DT's) or severe shaking?
Yes () No ()
25. After heavy drinking, have you ever heard voices or seen things that weren't really there?
Yes () No ()
26. Have you ever gone to anyone for help about your drinking?
Yes () No ()
27. Have you ever been in a hospital because of your drinking?
Yes () No ()
28. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital?
Yes () No ()
29. Have you ever been in a hospital to be "dried out" (detoxified) because of drinking?
Yes () No ()
30. Have you ever been in jail, even for a few hours, because of drunk behavior?
(Do count the present arrest)
Yes () No ()

Bee services

Class Education Class Rules

1. You MUST attend all sessions on time 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 on Post-test to receive a certificate of completion(when applicable)
4. Students are encouraged to 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 accepted) \$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. Certificate can be picked up after completion of the lass or mailed if requested by email
16. If you lose your certificate you will be able to purchase a duplicate certificate for \$25.00 if the class was taken in the past three(3) years
17. Clients should not be under the influence of any illicit drugs or alcohol prior to and during class

Date:_____

Participant

Date:_____

Parent or Guardian