

BD - I

Name: _____

Date: _____

Instructor's Name: _____

Reason you were stopped: ___ speeding ___ driving too slow
___ light(s) not working ___ had a wreck ___ other moving violation
___ other: _____

Arrest occurred in what county? _____

Was a breath test taken? ___ yes (if yes, what was it? _____) ___ no
If no, why not? _____

Was a blood test taken? ___ yes (if yes, what was it? _____) ___ no

Before my arrest I was,

___ Drinking alcohol after work for # ___ of hours
___ Engaged in a recreational activity while using alcohol (or drugs) for # ___ of hours
(i.e. ball game, fishing , camping, cook off, party, work function, etc.)
___ Coping with problems (relationship, family, work, etc.)
___ Other: _____ -

I had been using (check all that apply) ___ beer ___ wine ___ liquor
___ marijuana ___ opiates ___ pills (type: _____)
___ methamphetamine ___ other: _____

I was with: ___ spouse ___ friend(s) ___ coworkers
 ___ alone ___ family ___ stranger/other

During the week days I tend to drink on (place the number of drinks/amount of dugs used next to AM/PM)

Monday	___ AM	___ PM	Tuesday	___ AM	___ PM
Wednesday	___ AM	___ PM	Thursday	___ AM	___ PM
Friday	___ AM	___ PM			

During the week-ends, I tend to drink (or use drugs) on (place the number of drinks/amount of dugs used next to AM/PM)

Saturday	___ AM	___ PM	Sunday	___ AM	___ PM
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Summarize any other comments about your drug/alcohol usage and the events leading up to your arrest below

Name: _____ Date: _____

What it cost me

In order to determine cost of DWI, will you please answer these questions to the best of your knowledge at this time?

In round numbers, my costs are:

ATTORNEY'S FEES:.....	\$ _____
FINES AND COURT COSTS:.....	\$ _____
LOSS OF SALARY:.....	\$ _____
BOND:.....	\$ _____
CAR COSTS(IF CRASH INVOLVED).....	\$ _____
CAR DAMAGE REPAIRS:.....	\$ _____
TOWING AND STORAGE:.....	\$ _____
TEMPORARY TRANSPORTATION:.....	\$ _____
BUS, CAB:.....	\$ _____
RENTAL/LEASE CAR ETC:.....	\$ _____
DWI EDUCATION COURSE FEES:.....	\$ _____
DRIVERS LICENSE SURCHARGE:.....	\$ _____
ALCOHOL/DRUG PROGRAMS/COUNSELING/TREATMENT.....	\$ _____
INCREASED COST OF INSURANCE PER YEAR:.....	\$ _____
PROBATION FEES:.....	\$ _____
ANY OTHER COSTS:.....	\$ _____
(RESTITUTION FOR EXAMPLE).....	\$ _____
 TOTAL:.....	 \$ _____

My personal Action Plan

BD - II

Name: _____ Date: _____

Instructors Name: _____

Based on what i now know about the effects of alcohol/drugs on traffic safety and the body, the cost, and the signs of alcoholism, I plan to make the following changes:

- _____ Stop drinking alcohol and/or using drugs
- _____ Separate my drinking/drug use from my driving
- _____ Have a designated driver
- _____ Not drive when taking my medication
- _____ Change people, places and alcohol/drug related activities

I can depend on the following people for support in following my plan:

- _____ Family
- _____ Spouse
- _____ Non-drinking/drug-using friends
- _____ AA/NA Sponsor
- _____ Spiritual leader/higher power
- _____ Other: _____

I will get the following benefits from my plan:

- _____ No legal problems related to alcohol/drug use
- _____ Healthier lifestyle
- _____ Rebuild trust and respect
- _____ More money
- _____ Freedom
- _____ Other: _____

DWI COURSE EVALUATION

- | | | | |
|----|--|-----|----|
| 1. | Was this course helpful to you? | Yes | No |
| 2. | Did the course teach you more about how alcohol/drugs affect your everyday lifestyle? | Yes | No |
| 3. | Was the course taught in a manner that held your attention? | Yes | No |
| 4. | Were the videos and teaching aids used effectively in the course? | Yes | No |
| 5. | Was the instructor knowledgeable about the materials he/she covered? | Yes | No |
| 6. | If you ever needed help for a drinking or drug problem, would you know where you could get it? | Yes | No |
| 7. | List any good points about the course. | | |

8. List any bad points about the course.

9. What could we do to make this course better and more helpful?
