

# Ace Education

Today's Date: \_\_\_\_\_

Probation Officer : \_\_\_\_\_

County of Conviction/Arrest: \_\_\_\_\_

Probation County: \_\_\_\_\_

Case/Cause Number: \_\_\_\_\_

Probation Location(Office): \_\_\_\_\_

## Texas Repeat 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 **Ace Education**  
(NAME)

to disclose to \_\_\_\_\_  
(name of probation officer 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 \_\_\_\_\_

NOTE: COURT MUST INDICATE BEGINNING AND ENDING DATE OF SUSPENSION ON DRIVING WHILE INTOXICATED/ALCOHOL, DRIVING WHILE INTOXICATED/DRUGS AND INVOLUNTARY MANSLAUGHTER. ALL OTHER OFFENSES LEAVE SUSPENSION DATE BLANK. SUSPENSION IS AUTOMATIC BY OPERATION OF LAW.

## 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 ( )



## Ace Education

### Class Rules

1. You must attend all classes in order to receive a certification of completion. If you miss a class or if you are late you must register for another class and re-pay for the program.
2. Students must make 70% or higher to receive a certificate. (If applicable)
3. DO NOT work ahead in workbooks.
4. Payments must be made on or before the first day of class. Cash, money orders, credit/debit cards accepted.
5. Students must be on time for all classes.
6. Students must participate in the program.
7. ALL cell phones and electronic devices must be turned off in class.
8. Visitors will not be allowed in classroom without permission.
9. If you lose a certificate you will be able to purchase a duplicate certification for a fee of \$25.00 if within two years of completing the course.
10. **Pre Test** must be completed prior to first class. (If applicable)
11. **Post Test** must be completed prior to receiving a certificate of completion. (If applicable)
12. **NO** gum in classroom.
13. **NO** weapons(knives ,guns, etc.) allowed in the classroom

\_\_\_\_\_

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

Participant

\_\_\_\_\_

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

Parent or Guardian