

## **ACE EDUCATION**

TODAY'S DATE; \_\_\_\_\_ CAUSE/CASE # \_\_\_\_\_  
COUNTY OF CONVICTION \_\_\_\_\_ PROBATION OFFICER \_\_\_\_\_  
PROBATION COUNTY \_\_\_\_\_ PROBATION LOCATION \_\_\_\_\_

## **PERSONAL DATA FORM**

NAME:(Last,First,M.I.) \_\_\_\_\_  
ADDRESS (AS SHOWN ON D.L.) \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVERS LICENSE#: \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_

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

SEX;      MALE              FEMALE  
MATERIAL 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 Do You Have Living With You? Adults \_\_\_\_\_ Children \_\_\_\_\_  
Do you feel your drinking or drug use has contributed to family problems? 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 type of work you are trained in? Yes \_\_\_ No \_\_\_

**EDUCATION:** List all jobs held in last 3 years

<b><u>Description</u></b>	<b><u>LENGTH OF EMPLOYMENT.</u></b>	<b><u>REASON FOR LEAVING</u></b>
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1) \_\_\_\_\_

2) \_\_\_\_\_

What was the total amount of times you were unemployed in the past 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 activity \_\_\_\_\_ Began problem drinking alcohol \_\_\_\_\_ 1st time arrested \_\_\_\_\_

Was arrested for drug related offense: \_\_\_\_\_

Was arrested for alcohol related offense: \_\_\_\_\_

What was your drug of choice? \_\_\_\_\_

**OTHER INFORMATION**

Have you ever thought you might have a drug problem? YES. NO

Have you ever thought you might have a drinking problem? YES. NO

Have you ever received help from: (Circle all that Applies)

FAMILY DOCTOR. DRUG/ALCOHOL REHAB PROGRAM. NARCOTICS ANONYMOUS

ALCOHOL ANONYMOUS

AGENCY NAME: \_\_\_\_\_

OTHER: \_\_\_\_\_

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

PARTY OR SOCIAL EVENT. HOME, WITH FAMILY/FRIENDS. HOME BY YOURSELF

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 information 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 \_\_\_\_\_

**ACE EDUCATION**  
**2600 K. Avenue Suite 120**  
**Plano, Texas. 75074**

I \_\_\_\_\_ authorize ACE Education

To disclose to P.O. Name the following  
Information: Attendance and Participation, to the above parties.

I understand that all Offender Education Programs shall abide by and obtain any consent to disclose required by applicable Federal and State laws requiring 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 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 PARTICIPATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

## **THINKING 4 A CHANGE**

1. You must attend all classes in order to receive certificate. If you miss more than 5 classes you will be dismissed from the program. If that happens you must restart and re-pay the program.
2. If you are making payments you must have the class paid for by class 14. If paying with a credit care there will be a \$2.50 transaction fee per payment.
3. You must be on time for all classes.
4. Students may not use their cell phones or any electronic devises
5. No weapons ( knives or guns ) allowed in classroom.
6. If you loose your certificate you may get a duplicate for \$15.00
7. Students must abstain from all drugs and alcohol.
8. You must participate in all discussions
9. There are 25 sessions and may not do more than ~~3~~<sup>2</sup> sessions per week

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date