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Please complete and bring with you
when you come to have your SALCE Evaluation

Your Name: _____

Your Address: _____

City: _____ Zip Code_____

Drivers License Number: _____

Date of Birth: _____

Cell Phone Number: _____

Home Number: _____

Work Number: _____

Your Attorney's Name: _____

Attorneys Office Address: _____

Attorneys Suite Number (If any): _____

City: _____ Zip Code _____

Attorneys Office Number: _____

Attorneys Email: _____

Attorneys Fax Number: _____
(*very important*)

Court date (if you know it): _____

Date of this Current Arrest: _____

What is the Court # where your occupational license hearing will be held? _____

Why were you pulled over when you were arrested?

_____

_____

What day of the week were you arrested? _____

Approximately what time was it when you were arrested? _____ am / pm

Who was in the car with you? _____

What Happened?

_____

_____

_____

Where were you drinking prior to your arrest?

_____

What was the occasion?

_____

Prior alcohol/drug related or any other arrests

Arrest #1. When: _____

For What offense? _____

What type of treatment / rehab did you have at that time?

_____

Arrest # 2. When: _____

For What offense? _____

What type of treatment/ rehab did you have at that time?

_____

Arrest # 3. When: _____

For What offense? _____

What type of treatment / rehab did you have at that time?

_____

Has alcohol or drug use been problematic for you at any time in your life? Y / N

Explain: _____

How often do you drink? _____

On average, how many days a week do you drink? _____

On average, how many days a month do you drink? _____

When you drink, what's the maximum number of drinks you have had? _____

What's the average number of drinks you have when you drink? _____

Have you been alcohol free since the arrest? Yes / No

How often do you use recreational drugs? (Not prescribed by an MD)
_____

What recreational drugs have you used in the last year? _____

Are you aware that alcoholism and depression are hereditary? _____

Who in your family has had a problem with alcohol / drugs? _____

_____

Where do you work? _____

What do you do? _____

How long have you been there? _____

If in School, where do you attend? _____

What is your highest level of education? _____

If you have a Bachelors, Masters or doctorate degree, what was your major?

_____

Who do you live with? _____

Do you have any children? _____ How old are they? _____

Do your children live with you? _____

Do you have any health problems? _____

Have you ever been depressed? _____

When? _____

Are you on medication now for any physical / mental health issues? _____

Medications: _____

Do you presently attend individual, couples, family or group therapy? _____

Where? _____

Do you attend AA or any other 12 Step Meetings presently? _____

How Often? _____

Where? _____

Do you have a Sponsor? _____

Current Significant Stressors: (other than this arrest)

1) _____

2) _____

3)
_____

What do you do to manage your stress? _____

_____

What do you do for exercise? _____

Do you have any hobbies? _____

Do you belong to any social, professional, civic organizations? _____

_____

I give my permission for Denise O'Doherty LPC, LMFT to release results of this SALCE EVALUATION and her summary, either directly, verbally, via fax, email or through the post office mail, to my attorney. I also give permission to release results of this SALCE EVALUATION and her summary, either directly, verbally, via fax, email or post office mail to my probation officer should I specifically request this from her.

Print Name: _____

Signature: _____

Date: _____

Identity verified with: TX. Drivers license ____ or Picture ID _____.

Thank you for completing these forms.
This information will help us during our interview.
Please bring these forms with you when you come in for your appointment along with a photo ID.

I look forward to seeing you then.
Denise O'Doherty