

Starting Point, Inc.

Reporting Information

WAC 246-341

Client Legal Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

1. Are you court ordered to have an Alcohol and Drug Assessment? ____ yes ____ no

Which court(s) ordered the assessment? _____ Which court(s) are you involved with? _____

Did you bring a copy of your court order: ____ yes ____ no

Did you bring a copy of your Police Report: ____ yes ____ no Did you bring a copy of your Driving Record: ____ yes ____ no

2. Did you already have a Drug and Alcohol Assessment? _____ Where? _____

Are you already in treatment? _____ If so, where? _____

3. Do you have an attorney: ____ yes ____ no

Who is your attorney? _____ Did they tell you to get an evaluation? ____ yes ____ no

4. Have you been assigned a Probation Officer? ____ yes ____ no

Name of probation officer _____ / Court/County _____

5. Is this work related? ____ yes ____ no

Contact Information: _____

6. Are you court-ordered to have a mental health evaluation? ____ yes ____ no

Have you had a mental health evaluation? _____ If so, when and where? _____

Are you currently seeing a mental health counselor? _____ Contact information for mental health counselor _____

7. Are you in Domestic Violence Treatment? _____ Are you in Anger Management? _____

Contact Information _____

8. Are you currently under supervision of the Department of Corrections? ____ yes ____ no

Correction Officers Name _____ DOC # _____

Contact Information (Phone & E-mail) _____

9. Do you need paperwork sent to Department of Licensing? ____ Yes ____ No

I state that I have been truthful and correct in the statements I have made.

Client Signature: _____ Date _____

Counselor Signature: _____ Date _____

NOTE: If any answer is "Yes," Make sure appropriate authorization for release of information is signed by the patient.

SPI revised 09/21/2024