Starting Point, Inc.

Reporting Information

Client Legal Name:_____ **DOB:**_____
Address: _____
City, State, Zip_____
Phone Number (Texting):_____
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 11.11.25