

SATOP SCREENING

Answers to these questions will be kept confidential.

Please print.

Do you have a reading problem? Yes _____ No _____

Do you have a hearing problem? Yes _____ No _____

If you are a female, are you pregnant? Yes _____ No _____

Name: _____ Email (Optional) _____

Date of Birth: _____ Age: _____ SSN: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ State: _____ Revoked?: _____

Sex: M _____ F _____ Race: Caucasian _____ Black _____ Hispanic _____ Other _____

Marital Status: Married _____ Divorced _____ Never Married _____ Separated _____ Widowed _____

Children: _____ Children Living With You: _____ Other Persons Cared for in your Home: _____

Employment Status: Unemployed _____ Full Time _____ Part Time _____ Student _____ Disability _____

Employer: _____ Phone Number: _____

Military: Yes _____ No _____ Branch: _____ Years: _____ Discharge: _____

Annual Income: Under 10k _____ 10-15k _____ 15-20k _____ 20-25k _____ 25-30k _____ Over 30k _____

Education: Did not complete High School _____ High School/GED _____ Some College _____

College Degree _____ Masters Degree or Higher _____ Total # of Years of Schooling Completed _____

How often do you drink? Every Day _____ Several Times a Week _____ Mostly on Weekends _____

Mostly on Special Occasions _____ Never _____ Other: _____

What do you usually drink? Beer _____ Wine _____ Liquor _____

How much do you usually drink on occasion? _____

Have you attended an alcohol education class before? Yes ___ No ___ If yes, what age? _____

Where? _____ When? _____ Why? _____

What county were you arrested in? _____ Date of Ticket: _____

BAC: _____ Charged with: _____ # of Adults in Car: _____

of Children in Car under 16: _____ Accident: Yes ___ No ___ Injuries: _____

Your Attorney: _____ Release: Yes ___ No ___

Name of Court: _____ Court Date: _____

Referred by: Administrative Revocation ___ Abuse & Lose ___ Attorney _____

Court ___ MIP ___ Zero Tolerance ___ Other: _____

Have you been ordered to attend the Victim Impact Panel: Yes ___ No _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Consumer's Signature

Date

Consumer's Printed Name