



PERSONAL DATA INTAKE INFORMATION FORM

Please provide all the required documentation. Please do not leave any blank spaces. All the information is kept in strict confidence and may not be disclosed without your permission. When completed, email form to lpqhB1cemuqpldd{0eqo OR print and bring copy to enrollment appointment.

First Name: _____ **Last Name:** _____ **Middle:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Ext:** _____ **Mobile Phone:** _____
Email Address: _____ **Best Way to Contact You:** _____
How did you hear about our Program?: _____

IN CASE OF EMERGENCY CONTACT:
Phone: _____ **Contact Name:** _____ **Relationship:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Age: _____ **Date of Birth (MM/DD/YYYY):** _____ **Sex:** Male ___ Female ___ Transgender ___ Other ___
Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___ Other ___ Unknown ___
Ethnicity: _____ **Other Language:** _____ **Number of Dependents:** _____ **Education (Highest Level):** _____
CA Driver License # _____ **Out of State Driver License #** _____ **State:** _____

Employer: _____ **Occupation:** _____
Gross Monthly Income: \$ _____ **Work Phone:** _____

Which Court were you Referred From (if applicable): _____ **Case #** _____
Date of Arrest (MM/DD/YYYY): _____ **Blood Alcohol Content:** _____ %
Attorney Name: _____ **Atty Phone:** _____ **Atty Fax:** _____

Client Signature: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

Enrollment or Reinstatement Date: ____/____/____ **Intake Type:** _____
SB1176: ___ **AB-541 3 Mo:** ___ **AB-541 4 Mo:** ___ **AB-762 6 Mo:** ___ **AB-1353 9 Mo:** ___ **SB-38 18 Mo:** ___ **SB-38 12 Mo:** ___ **Other:** ___
Group Start Date: ____/____/____ **Ed Start Date:** ____/____/____ **Group Assignment:** _____
Total Fees: \$ _____ **Downpayment:** \$ _____ **Downpayment of:** \$ _____ **Per:** Week ___ Month ___ Other ___
Payment Method: Cash ___ Check# _____ Money Order# _____ Credit Card/Debit Card (last 4 digits): _____