|  |
| --- |
| **Client Record Date** |
| Client Name | Emergency Contact information (Below) |
| Social Security Number | Emergency contact name |
| Address | Emergency Contact Address |
| Phone number  | Emergency Contact email |
| Date of birth | Emergency Contact phone Number |
| Gender |  |
| Race |  |
| City, State of DUI |  |
| Where did you hear about Dozier DUI school? |  |

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Service Recipient or Authorized Representative Date

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Agency Representative Date