

MULTIPLE OFFENDER EVALUATION FORM AND RECORD

Name _____ Date _____ Case # _____

Address _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

Date of Birth _____ Age _____ Place of Birth _____

CURRENT LICENSE STATUS:

Multiple Offender: _____ Restricted: _____

Suspended: _____ Revoked: _____ Licensed: _____ Not Licensed: _____

When is the last time you operated a motor vehicle: _____

Do you have a license from another state? _____ Where? _____

WHAT IS THE REASON FOR PETITION:

Hearing Date: _____ Jurisdiction: _____ Judge: _____

EDUCATIONAL STATUS:

Highest grade completed: _____ College: # of years: _____

If you left school before completing, why: _____

Describe any educational goals: _____

EMPLOYMENT STATUS:

Are you currently employed: _____ How long at this job: _____

Employer: _____ Type of work: _____

No. hours worked weekly: _____ Do you need your license for this job: _____

How many jobs have you had in the last five years: _____

Have you ever been fired from any job: _____ If so, why: _____

Have you ever missed time from work due to your use of alcohol or drugs:

_____ yes _____ no. If so, how long ago: _____

Have you ever had any alcohol/drug related incidents in any of your employments: _____

MILITARY HISTORY:

Branch of Service: _____ Dates: _____
Type of Discharge: _____ If less than honorable, explain: _____
_____ Combat Duty: _____

FINANCIAL STATUS:

Do you have any major financial concerns: _____
Has your usage of alcohol/drugs affected your financial status: _____
Are all court costs and fines paid: _____

MARITAL RELATIONSHIP AND FAMILY HISTORY:

Marital Status:

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

If married, answer section A, if not married, answer section B.

SECTION A. How long have you been married: _____

Describe relationship: _____

Has your spouse ever expressed any concern about your drinking behavior: _____

Does your spouse drink or use drugs: _____

If sober, is your spouse supportive of your sobriety: _____

How many times have you been married? _____ Divorced? _____

Was the divorce/separation alcohol or drug related: _____

SECTION B. Are you in a relationship with a significant other: _____

Do they use drugs/alcohol? _____

Have they ever expressed concern about your use: _____

If sober, is your significant other supportive of your sobriety: _____

Describe your relationship with your significant other: _____

If you have ended a relationship within the past 2 years, was alcohol or drugs involved? _____

Describe: _____

Children: List any children and ages:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Have your children ever expressed any concern about your use of alcohol and/or other drugs?

Describe your relationship with your children: _____

With whom do your children live? _____

Father: Age _____ Living _____ Deceased _____, How long: _____

History of drug/alcohol use: _____

Describe relationship: _____

Has your father ever expressed concern about your alcohol/drug use: _____

Mother: Age _____ Living _____ Deceased _____, How long: _____

History of drug/alcohol use: _____

Describe relationship: _____

Has your mother ever expressed concern about your alcohol/drug use: _____

Siblings:

Number of brothers: _____ Number of sisters: _____

Do any of your siblings drink or use drugs: _____

Describe relationship with siblings: _____

Have your siblings ever expressed any concern about your alcohol/drug use: _____

Childhood: Describe your childhood including relationship with parents and brothers/sisters:

How old were you when you left home: _____ Why: _____

Is there a history of alcohol/drug use or addiction in your family: _____

If yes, whom: _____

LEGAL HISTORY:

Number of DUI charges and/or convictions: _____

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Have you ever been charged with or convicted of any other alcohol or drug related charge?

_____ Yes _____ No Please list: _____

Do you have any pending charges: _____ What: _____

Jurisdiction: _____ Next Court Date: _____

List any criminal convictions _____

Have you ever been on probation/parole: _____ When: _____ How long: _____

If directed by the Court, would you be willing to participate in:

ASAP: _____ Driver Improvement: _____ Treatment: _____

Are you willing to have an ignition interlock device installed? _____

If no to any of the previous question, explain: _____

PROGRAM INTERVENTIONS:

Have you ever attended an ASAP: _____ Date: _____

Have you ever been in a counseling treatment program? _____

If so, where: _____

Was it an Inpatient or Out-patient program: _____

Have you ever had counseling for non alcohol/drug related problems:

_____ yes _____ no If yes, where: _____

Have you ever undergone a hospital detox: _____ If yes, when: _____

Where: _____ How many days: _____

Have you ever attended AA, NA, CA or ACOA meetings: _____

Do you have a sponsor: _____ Home Group: _____

MEDICAL HISTORY:

Date of last physical: _____ Are you under a physician's care: _____

Describe any physical health problems: _____

List any medications you are currently taking: _____

Rate your physical health: Excellent ___ Good ___ Fair ___ Poor ___

Rate your mental health: Excellent ___ Good ___ Fair ___ Poor ___

List any family health problems: _____

Rate your family health: Excellent ___ Good ___ Fair ___ Poor ___

SUBSTANCE USE HISTORY:

Beginning with the first time you used alcohol and/or other drugs, describe your use through the years:

Describe alcohol/other drug use within the past year: _____

When you drink or use other drugs, where do you use and with whom: _____

Are you seeing these same people now? _____

Are you going to these same places now? _____

Have you ever had blackouts: _____ Passing out? _____

How often did they occur: _____

What has been your longest period of abstinence? _____

If started back, why: _____

When did you last drink? _____ How much? _____

When did you stop using drugs other than alcohol? _____

Describe any problems when you stopped using alcohol or drugs: _____

Do you consider yourself an alcohol or addict? _____ How long have you been in recovery? _____

Substance Usage:

	Age Started	How Often & How Much	Last Date Used
Alcohol	_____	_____	_____
Marijuana	_____	_____	_____
Cocaine	_____	_____	_____
Heroin/ Opiates	_____	_____	_____
PCP	_____	_____	_____
LSD	_____	_____	_____
Downers	_____	_____	_____
Speed	_____	_____	_____
Rx/OTC	_____	_____	_____
Inhalants	_____	_____	_____
Other	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

Additional Information or the Interviewer comments: _____

Signature of Interviewer

Date

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____ Date of Birth: _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information related to my ASAP requirements with:- the court of record/referral

- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers and remote alcohol service providers

For the purpose of facilitating, supervising, verifying and reporting my participation in, and compliance with ASAP requirements.

I understand that I am being referred to the Alcohol Safety Action Program **by a court**. Information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**. This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all **treatment** information is protected under HIPPA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ day of _____, 20_____

Participant's Signature: _____

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

John Tyler ASAP License Restoration Reference Instructions and Consent

Petitioner's Name: _____

Instructions for the Reference: The above-named individual is petitioning a court for restoration of their driving privilege after having their privilege indefinitely revoked. Virginia Code requires that an ASAP (Alcohol Safety Action Program) submit a recommendation regarding their petition to court. A component of this recommendation requires personal references from family members, friends, employers or familiar individuals.

Please complete the attached statement in its entirety and sign it in the presence of a notary public. Once signed, please return the completed form to the ASAP below within five (5) working days. Thank you for your time and consideration.

*4116 E Parham Road, Henrico, VA 23228 OR *9620 Iron Bridge Road, #101, Chesterfield, VA 23831

Petitioner's Name: _____ **Date of Birth:** _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with the following individual:

_____ - _____ - _____
Full Name of Reference Access Password Telephone Number

for the purpose of informing them, upon their request, of all information pertaining to my participation in ASAP of which they would otherwise not be legally entitled.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent. I further understand that my treatment information is protected by HIPAA and cannot be released by the ASAP without signing a separate consent. Should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case.

This Consent to Release Confidential Information shall expire automatically upon my termination of ASAP participation. A copy of this Consent to Release Confidential Information shall be considered to be as valid as the original.

Executed this _____ day of _____, 20_____

Petitioner's Signature: _____

To revoke consent for release of information, please complete this section:

Date Revoked: _____

Participant Signature: _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

ASAP Evaluation Reference Form

Reference Name: _____ Petitioner's Name: _____

1. How long have you known this individual? _____

2. When was the last time you saw this individual? _____

3. How frequently do you see this individual? _____

4. What is your relationship to this individual? _____

5. In your opinion, has this individual ever had a problem with alcohol? Yes ___ No ___

If yes, please explain: _____

6. In your opinion, has this individual ever had a problem with other drugs? Yes ___ No ___

If yes, please explain: _____

7. Does this individual currently use alcohol? Yes ___ No ___

If yes, how often and how much? _____

8. When was the last time you saw this individual drink any alcoholic beverage? _____

9. Does this individual currently use drugs other than alcohol? Yes ___ No ___

If yes, list the drugs (including medications), how often and how much: _____

10. When was the last time you saw this individual use any type of drug other than alcohol? _____

11. Estimate the last time you saw this individual operate a motor vehicle: _____

12. If this individual was given the privilege to drive, do you think that that he/she would be a danger to himself/herself or others on the highway? Yes ___ No ___

If yes, briefly explain why: _____

13. If this individual was given the privilege to drive, do you think he/she would attempt to operate a motor vehicle under the influence of alcohol or another drug? Yes ___ No ___

If yes, briefly explain: _____

I certify that the information provided is true to the best of my knowledge.

Printed Name: _____ Telephone: _____ - _____ - _____

Signature: _____ Date: ____/____/____

SIGNATURE MUST OCCUR AND BE WITNESSED IN THE PRESENCE OF A NOTARY PUBLIC.

Subscribed and sworn to before me on this _____ day of _____, 20____.

My commission expires _____ 20____.

Notary Public

John Tyler ASAP License Restoration Reference Instructions and Consent

Petitioner's Name: _____

Instructions for the Reference: The above-named individual is petitioning a court for restoration of their driving privilege after having their privilege indefinitely revoked. Virginia Code requires that an ASAP (Alcohol Safety Action Program) submit a recommendation regarding their petition to court. A component of this recommendation requires personal references from family members, friends, employers or familiar individuals.

Please complete the attached statement in its entirety and sign it in the presence of a notary public. Once signed, please return the completed form to the ASAP below within five (5) working days. Thank you for your time and consideration.

*4116 E Parham Road, Henrico, VA 23228 OR *9620 Iron Bridge Road, #101, Chesterfield, VA 23831

Petitioner's Name: _____ **Date of Birth:** _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with the following individual:

_____ _____ _____
Full Name of **Reference** Access Password Telephone Number

for the purpose of informing them, upon their request, of all information pertaining to my participation in ASAP of which they would otherwise not be legally entitled.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent. I further understand that my treatment information is protected by HIPAA and cannot be released by the ASAP without signing a separate consent. Should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case.

This Consent to Release Confidential Information shall expire automatically upon my termination of ASAP participation. A copy of this Consent to Release Confidential Information shall be considered to be as valid as the original.

Executed this _____ day of _____, 20_____

Petitioner's Signature: _____

To revoke consent for release of information, please complete this section:

Date Revoked: _____

Participant Signature: _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

ASAP Evaluation Reference Form

Reference Name: _____ Petitioner's Name: _____

1. How long have you known this individual? _____
2. When was the last time you saw this individual? _____
3. How frequently do you see this individual? _____
4. What is your relationship to this individual? _____
5. In your opinion, has this individual ever had a problem with alcohol? Yes ___ No ___
If yes, please explain: _____
6. In your opinion, has this individual ever had a problem with other drugs? Yes ___ No ___
If yes, please explain: _____
7. Does this individual currently use alcohol? Yes ___ No ___
If yes, how often and how much? _____
8. When was the last time you saw this individual drink any alcoholic beverage? _____
9. Does this individual currently use drugs other than alcohol? Yes ___ No ___
If yes, list the drugs (including medications), how often and how much: _____
10. When was the last time you saw this individual use any type of drug other than alcohol? _____
11. Estimate the last time you saw this individual operate a motor vehicle: _____
12. If this individual was given the privilege to drive, do you think that that he/she would be a danger to himself/herself or others on the highway? Yes ___ No ___
If yes, briefly explain why: _____
13. If this individual was given the privilege to drive, do you think he/she would attempt to operate a motor vehicle under the influence of alcohol or another drug? Yes ___ No ___
If yes, briefly explain: _____

I certify that the information provided is true to the best of my knowledge.

Printed Name: _____ Telephone: _____ - _____ - _____

Signature: _____ Date: ____/____/____

SIGNATURE MUST OCCUR AND BE WITNESSED IN THE PRESENCE OF A NOTARY PUBLIC.

Subscribed and sworn to before me on this _____ day of _____, 20____.

My commission expires _____ 20____. _____
Notary Public

Virginia Alcohol Safety Action Program

Electronic Communication Authorization Consent Form

I understand that due to the risk of electronic communications being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that electronic communications to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that electronic communications sent to/from work devices may be subject to review by my employer.

I consent to the use of electronic devices such as but not limited to mobile phone, tablets, laptop, etc.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via electronic communications regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

Signature: _____

Printed Name: _____

Date: _____

DOB: _____