

**Virginia Alcohol Safety Action Program License Restoration Evaluation**

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zipcode)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zipcode)

Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ (NOTE – WILL NOT BE USED AS PRIMARY CONTACT)

Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Race:  African American  Asian  Caucasian  Hispanic  Native American  Other

Marital Status:  Divorced  Married  Separated  Single  Widowed

Number of Marriages: \_\_\_\_\_ Number of Children: \_\_\_\_\_

With whom do you live?  
\_\_\_\_\_  
\_\_\_\_\_

Education Level: \_\_\_\_\_ Are you a Student?  Yes  No. If yes, where? \_\_\_\_\_

**License Evaluation Information:**

What jurisdiction did you petition? \_\_\_\_\_

When is your next court date for this petition? \_\_\_\_\_

Do you have an attorney representing you for this petition?  Yes  No

If yes, who? \_\_\_\_\_

Contact number or email for the attorney: \_\_\_\_\_

**Military History:**

Are you a veteran:  Yes  No. If yes, what branch? \_\_\_\_\_ Dates of service: \_\_\_\_\_ - \_\_\_\_\_

**ASAP OFFICE USE ONLY:**

Referring Court: \_\_\_\_\_ Order Date: \_\_\_\_\_

Attorney: \_\_\_\_\_ BAC at Intake: \_\_\_\_\_ UDS:  LAB  ON-SITE

DUI, 3<sup>rd</sup> Conviction Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**License Restoration Questionnaire**

What is the reason for petition?

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**Legal Information:**

Are you currently on probation/parole with any agency?  Yes  No  If yes, where? \_\_\_\_\_

Do you currently have any pending charges?  Yes  No  
If yes: What charge? \_\_\_\_\_ Where? \_\_\_\_\_ Next Court Date? \_\_\_\_\_

Do you currently owe any outstanding court fines and costs?  Yes  No  
If yes: What jurisdiction? \_\_\_\_\_ How much? \_\_\_\_\_

**Substance Abuse History:**

	Age Started:	How much and how often?	Last Use:
Alcohol	_____	_____	_____
Marijuana	_____	_____	_____
Cocaine	_____	_____	_____
Heroin	_____	_____	_____
Opiates	_____	_____	_____
PCP	_____	_____	_____
LSD	_____	_____	_____
Benzos	_____	_____	_____
Speed	_____	_____	_____
RX/OTC	_____	_____	_____
Inhalants	_____	_____	_____
Other	_____	_____	_____

**Substance Abuse Intervention History:**

Have you ever completed an inpatient or outpatient substance abuse treatment program?  Yes  No  
If yes, where and when? \_\_\_\_\_

Have you ever undergone a hospital detox?  Yes  No  
If yes, where, how many days, and when? \_\_\_\_\_

Have you ever attended NA, AA, CA, ACOA, or other support group meetings?  Yes  No  
If yes, when was your last meeting? \_\_\_\_\_

Have you ever participated in an ASAP program?  Yes  No  
If yes, where and when? \_\_\_\_\_

**Medical History:**

Please list any current medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current prescription medications you are taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:**

Are you:   Employed  Retired   Unemployed   Disabled

List your most recent employer:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Duration: \_\_\_\_\_

1. Are you currently still using alcohol?  Yes  No Illegal Drugs?   Yes  No
2. When did you last consume alcohol? \_\_\_\_\_
3. What alcoholic beverage do/did you usually drink? \_\_\_\_\_
4. On what days of the week do/did you usually drink? \_\_\_\_\_
5. What is the most you would drink on any one day? \_\_\_\_\_
6. How often do/did you use drugs? \_\_\_\_\_
7. When did you last use drugs, including marijuana? \_\_\_\_\_
8. Have you ever tried to quit drinking/using drugs?  Yes  No If yes, how many times? \_\_\_\_\_
9. How long did you abstain? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION – GENERAL

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**Probationer:** \_\_\_\_\_  
(Your Name)

**Date of Birth:** \_\_\_\_\_

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information 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 the Federal Confidentiality Regulations (42 CFR 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 HIPAA 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: \_\_\_\_\_

Participate 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 information is not sufficient for this purpose.

# 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: \_\_\_\_\_

**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: \_\_\_\_\_

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*Date Revoked:* \_\_\_\_\_

*Participant Signature:* \_\_\_\_\_

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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:** \_\_\_\_\_

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Petitioner's Signature: \_\_\_\_\_

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*Date Revoked:* \_\_\_\_\_

*Participant Signature:* \_\_\_\_\_

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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? \_\_\_\_\_

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Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_  
Notary Public