

Hilltop Counseling Services
Intake Information

Application for Admission

Date: _____

Name: _____

Age: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Male _____ Female _____

SS#: _____

Marital Status: _____

1st 2nd 3rd widowed divorced

of Dependents _____

Ages: _____

Place of Employment: _____

Phone Number: _____

Shift: 1st 2nd 3rd swing unemployed disabled retired

Emergency Contact Person: _____

Phone Number: _____ Relationship: _____

Address: _____

Have you ever had an assessment for this DUI before today? _____

Please note: If you fail to disclose all outstanding DUI convictions, the services you receive will not meet the requirements for license reinstatement.

INFORMATION FOR CITATION AND COURT ORDER

Citation Control Number: _____

Date of Violation: _____

Date of Conviction: _____

County of Conviction: _____

DUI Convictions in Five Years _____ In Lifetime: _____

BAC: _____

Case/Docket# _____