BD - I

Name:_____ Date:_____

Instructor's Name:_____

Reason you were stopped: ___speeding ___driving too slow
___light(s) not working ___had a wreck ____other moving violation
___other:_____

Arrest occurred in what county?_____

Was a breath test taken? ___ yes (if yes, what was it?_____) ___no
If no, why not?_____

Was a blood test taken? ___ yes (if yes, what was it?_____) ___no

Before my arrest I was,
___ Drinking alcohol after work for #____ of hours
___ Engaged in a recreational activity while using alcohol (or drugs) for # ___ of hours
(i.e. ball game, fishing , camping, cook off, party, work function, etc.)
___ Coping with problems (relationship, family, work, etc.)
___ Other:_____-

I had been using (check all that apply) ___ beer ___ wine ___liquor
___ marijuana ___ opiates ___pills (type:_____)
___ methamphetamine ___ other:_____

I was with: ___ spouse ___ friend(s) ___ coworkers
___ alone ___ family ___stranger/other

<u>During the week days</u> I tend to drink on (place the number of drinks/amount of dugs used next to AM/PM)

Monday	_____AM	_____PM	Tuesday	_____AM	_____PM
Wednesday	_____AM	_____PM	Thursday	_____AM	_____PM
Friday	_____AM	_____PM			

<u>During the week-ends</u>, I tend to drink (or use drugs) on (place the number of drinks/amount of dugs used next to AM/PM)

Saturday	_____AM	_____PM	Sunday	_____AM	_____PM

Summarize any other comments about your drug/alcohol usage and the events leading up to your arrest below

Name:_____ Date:_____

What it cost me

In order to determine cost of DWI, will you please answer these questions to the best of your knowledge at this time?

In round numbers, my costs are:

ATTORNEY'S FEES:……$_____

FINES AND COURT COSTS:……$_____

LOSS OF SALARY:……..$_____

BOND:……..……$_____

CAR COSTS(IF CRASH INVOLVED)……$_____

CAR DAMAGE REPAIRS:……..$_____

TOWING AND STORAGE:……$_____

TEMPORARY TRANSPORTATION:……..$_____

BUS, CAB:……..$_____

RENTAL/LEASE CAR ETC:……..$_____

DWI EDUCATION COURSE FEES:……$_____

DRIVERS LICENSE SURCHARGE:……$_____

ALCOHOL/DRUG PROGRAMS/COUNSELING/TREATMENT…….$_____

INCREASED COST OF INSURANCE PER YEAR:……..$_____

PROBATION FEES:……..$_____

ANY OTHER COSTS:……..……$_____

(RESTITUTION FOR EXAMPLE)……$_____

TOTAL:……..$_____

My personal Action Plan

BD - II

Name:_____Date:_____

Instructors Name:_____

Based on what i now know about the effects of alcohol/drugs on traffic safety and the body, the cost, and the signs of alcoholism, I plan to make the following changes:

_____

_____

_____

_____

_____ Stop drinking alcohol and/or using drugs

_____ Separate my drinking/drug use from my driving

_____ Have a designated driver

_____ Not drive when taking my medication

_____ Change people, places and alcohol/drug related activities

I can depend on the following people for support in following my plan:

_____ Family

_____ Spouse

_____ Non-drinking/drug-using friends

_____ AA/NA Sponsor

_____ Spiritual leader/higher power

_____Other:_____

I will get the following benefits from my plan:

_____ No legal problems related to alcohol/drug use

_____ Healthier lifestyle

_____ Rebuild trust and respect

_____ More money

_____ Freedom

_____ Other:_____

DWI COURSE EVALUATION

1. Was this course helpful to you? Yes No

2. Did the course teach you more about how alcohol/drugs affect your everyday lifestyle?
Yes No

3. Was the course taught in a manner that held your attention?
Yes No

4. Were the videos and teaching aids used effectively in the course?
Yes No

5. Was the instructor knowledgeable about the materials he/she covered?
Yes No

6. If you ever needed help for a drinking or drug problem, would you know where you could get it? Yes No

7. List any good points about the course.

_____

_____

_____

8. List any bad points about the course.

_____

_____

_____

9. What could we do to make this course better and more helpful?

_____

_____

_____