



**ALCOHOL-RELATED (NON-MOTOR VEHICLE) INTERVIEW**

**PERSONAL:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**VITAL INFORMATION:**

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HT.: \_\_\_\_\_ WT.: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

UNITED STATES CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT:**

EMPLOYER(S): \_\_\_\_\_

HOURS/DAYS OF EMPLOYMENT: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

**FAMILY CONTACTS:**

MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

