

**GEORGIA Department of Behavioral Health/ Developmental Disabilities
Division of Addictive Disease
DUI Intervention Program
1st DUI Offenders
Requirements Met Certificate Form**

Client's Name: _____

Address: _____

GA Driver License # _____ **SS#** _____

DOB: _____ **Certificate #** _____

Date of DUI School Completion: _____ **Phase:** _____

Date of Clinical Evaluation: _____

Name of Evaluator: _____ **ID#** _____

Evaluator Address: _____

NEEDS score: _____ **NEEDS ASAM recommendation:** _____

Assessment Test used: _____ **Score:** _____

Number of lifetime DUI's: ____ **Reckless driving:** ____ **Drug arrests:** ____

Family History? Yes__No__Unknown__ **Drug Screen results** _____

Blackouts? Yes__No__ **Tolerance: # of drinks to feel alcohol** _____

Any Treatment History? Yes No **Details if yes:** _____

Current living environment: _____

Current Drinking Pattern: _____

Why recommending no Treatment? _____

Signed: _____