Intake Type: UD 1 UD 2 UD 3 Marijuana Other:

MAYSP Case # _____
Citation/Case # _____
SS# _____
Intake Date _____
Referral from: Municipal ____ Magistrate_____
Return Court Date Magistrate _____
1st Court Date _____
5 mth completion date _____
Police Dept. _____
Charge _____
Location of violation _____
Fee Amt Paid:_____
HUD Amt:_____
Money Order #_____
Date info entered into database:_____
Initials of person entering info:_____
Completion letter date_____

Name _____Age _____
Local Phone _____ DOB _____
Local Address _____

IF UNDER 21:

Parent 's Phone _____
Parent's Address _____
_____

WVU Non-student Other _____ College yr. _____

Major _____ Last known GPA _____

RX medications by Physician _____

Other UD or drug related offenses? YES NO Charge/When/Where?
_____

What type of drugs have you done or come across in your community?

Weed	Shrooms	Whippets
Acid /LSD	Salvia	Huffing
Cocaine	Special K	**Abuse of:**
Crack	GHB	**Methadone**
Heroin	PCP	**Morphine**
Opium	DMT	**Pain Rx**
Ecstasy	Rufffies	**Xanex or Valium**
Crystal Meth	Emb Fluid	**Steroids**
Other drugs _____		**Cold meds**

Statistical Information (this info will not be used against the Violator in any way)

Your personal yearly income? _____
Age of 1st alcohol/drug consumption _____
Substance use frequency? Daily Wkly Mthly Other_____
Is there any history of addictions or substance abuse in your family? _____

Mother_____ Father_____ Sibling _____ (Brother or Sister) Grandparent _____ (Maternal or Paternal) Aunt/Uncle_____ (Maternal or Paternal)

Community Service _____6 hrs ___8 hrs ___10 hrs

Assigned to: _____

Education (For assignment to AA/CAC meetings, please give the appropriate form)

WVU # of hrs: MAYSP Alc Videos # of hrs: Diversion Group 6 hrs AA/NA # of mtgs: Out of Town

Videos/Meetings		**Comments:** **RECEIPT #**

Urine Test Results:

Date_____ Results_____

Date_____ Results_____

Exit Information: Program completed? YES NO **Pre-test score _____Post-test score _____**