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

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?

_____

MAYSP Case # _____

Citation/Case # _____

SS# _____

Intake Date _____

Referral from: Municipal ____ Magistrate____

Return Court Date Magistrate _____

1st Court Date _____

Return Court 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_____

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

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

Urine Test Results:

Date_____ Results_____

Date_____ Results_____

Exit Information: Program completed? YES NO

Pre-test score _____Post-test score _____