

DUI Evaluation Reporting Form

This form is required as the standardized reporting format for DUI evaluations. Each reporting component must be completed fully as required by M.C.R. 9.4. If the reporting component is not applicable, indicate in the provided space with, "N/A".

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| Court and case title: | Case Number: |
| Sentencing Date/Time: | Sentencing Judge: |
| Defendant: | SSN/DL#: |
| Address: | |
| Aliases: | DOB: |
| Date of Evaluation: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| Marital Status: | Telephone: |

List of Prior Alcohol or Drug Related Arrests or Charges. The defendant's Idaho criminal history must be verified by the evaluator through the Idaho Supreme Court Data Repository/ISP Bureau of Criminal Identification name based check. If evaluator has reason to believe the defendant has a criminal history outside of Idaho (based on defendant's residence history or any other factor), the evaluator shall make reasonable efforts to verify criminal history in that jurisdiction. If more space is needed, please attach additional information on a separate sheet immediately following this face sheet and indicate in the table below. Attach a copy of the defendant's criminal history as Appendix "A" of this evaluation.

| <u>Date</u> | <u>Location</u> | <u>Arrest/Charge</u> | <u>Disposition</u> | <u>BAC/Refusal</u> |
|-------------|-----------------|----------------------|--------------------|--------------------|
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List Results of Evidentiary Tests. Evaluations must indicate BAC and any other evidentiary test results for present case verified by the evaluator through the law enforcement incident report. Attach a copy of the incident report as Appendix "B" of this evaluation:

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|-------------|--------|
| Breath: | Blood: |
| Urinalysis: | |

Areas of life affected:

| | |
|------------|-------------------------|
| Family: | Employment/Educational: |
| Social: | Health: |
| Financial: | Legal: |

Evaluator's Concise Impressions and Recommendations for Treatment: Evaluator will plot the defendant on the Risk/Needs Matrix and record impressions from interview and recommendations for treatment. Please note that risk/need screenings are not a comprehensive survey of mitigating and aggravating factors relevant to criminal sanctioning and are designed to identify dynamic areas of risk/needs that may be addressed by programing in order to reduce risk.

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|--|-------------------|------------------|------------|
| Impressions and recommendations for treatment: | RISK/NEEDS Matrix | High/Medium Risk | Lower Risk |
| | Higher Needs | | |
| | Lower Needs | | |

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| DUI Evaluator's Name: | Address: |
| | Telephone: |

Evaluation Report

- (1) List the final disposition of any drug or alcohol related offenses or charges including any offenses or charges where drugs or alcohol were a factor. The defendant's Idaho criminal history must be verified by the evaluator through the Idaho Supreme Court iCourt Portal/ISP Bureau of Criminal Identification name based check. If evaluator has reason to believe the defendant has a criminal history outside of Idaho (based on defendant's residence history or any other factor), the evaluator shall make reasonable efforts to verify criminal history in that jurisdiction. If more space is needed, please attach additional information on a separate sheet.

- (2) List the defendant's blood alcohol content or refusals for any drug or alcohol related incidents.

- (3) List any information of the defendant's driver license record.

- (4) List previous alcohol or substance abuse education or treatment and whether the program was completed.

| Program | Start Date | End Date | Complete/Incomplete |
|---------|------------|----------|---------------------|
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(5) Identification of primary substances of abuse or dependency to include listings of primary, secondary or other drugs if appropriate and indications of defendant's history of I.V. drug use.

| Drug | Abuse/Dependency | Method of Use | Date of Last Use |
|------------|------------------|---------------|------------------|
| Primary: | | | |
| Secondary: | | | |
| Other: | | | |
| Other: | | | |

(6) Defendant's version of the current incident.

(7) Defendant's self-assessment of substance use.

(8) Evaluator's description of the defendant's use of alcohol/drugs and the extent to which they have contributed to problems within the defendant's major life areas, including (Evaluator may attach a separate page (s) as needed):

Family (Indicate whether any of the defendant's immediate family member abuses or is dependent on alcohol or drugs):

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Social (Indicate whether any if the defendant's associations abuse or are dependent on alcohol or drugs. Further, indicate if defendant's friends or associates are engaged in criminal conduct):

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Financial (Include monthly net income):

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Employment/Education (Indicate current place of employment and any educational/training programs currently enrolled. Evaluator shall verify employment/enrollment claims made by the defendant):

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Health (Including and behavioral health concerns):

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Legal (Indicate if the defendant is under any current court ordered supervision or has any pending charges in another court; defendant's opinions on current or past legal involvement should be noted):

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- (9) A listing of the screening tools utilized in the evaluation together with the scores. The use of screening tools approved by the Department of Health and Welfare is mandatory and shall include a GAIN SS, a criminogenic risk/needs screening tool and any other approved alcohol-drug screening tool. The results and explanation of the screening tools administered by the evaluator must be included.

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- (10) Evaluator's impressions and recommendations for further assessment and/or appropriate ASAM level of care for treatment, including specific reasons for recommendations and the factors considered (attach additional page(s) as needed).

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- (11) Recommendations as to the most appropriate treatment program together with the estimated costs.

| Treatment Program | Estimated Cost | Estimated Time to Complete |
|-------------------|----------------|----------------------------|
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- (12) Recommendations for suitable alternative treatment programs together with the estimated costs.

| Alternative Treatment Program | Estimated Cost | Estimated Time to Complete |
|-------------------------------|----------------|----------------------------|
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- (13) Identification of any source used to verify any information provided in the evaluation.

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| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

