



COURT ASSESSMENT

CLIENT NAME

HILL ALCOHOL AND DRUG TREATMENT COURT ASSESSMENT

NAME: _____

ADDRESS: _____

SSN: _____

PHONE: _____ WORK PHONE: _____

DOB: _____ EMPLOYER: _____

SPOUSE: _____ PHONE: _____

CASE # _____

CLIENT ATTORNEY _____ PHONE: _____

FAX: _____

ADDRESS: _____

OPPOSING ATTORNEY: _____ PHONE: _____

FAX: _____

ADDRESS: _____

EVENT THAT PROMPTED ASSESSMENT: _____

REFERRING ENTITY: _____

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CAREER

Have you ever been disciplined or counseled at work for:

- A. Absenteeism? Y___ N___
- B. Tardiness? Y___ N___
- C. Intoxication? Y___ N___
- D. Theft? Y___ N___
- E. Positive urinalysis? Y___ N___
- F. Other? Y___ N___

PLEASE DESCRIBE: _____

FINANCIAL

- A. Have you ever spent money on alcohol or drug use? Y___ N___
- B. Have you ever declared bankruptcy? Y___ N___
- C. Has a family member ever expressed concern over the money you spend on alcohol or drugs? Y___ N___

HEALTH

Has a health care professional ever:

- A. Expressed concerned over your alcohol or drug use? Y___ N___
- B. Recommended that you reduce or discontinue use? Y___ N___

Have you ever had any of the following?

- A. Stomach Ulcers? Y___ N___
- B. High Blood Pressure? Y___ N___
- C. Liver disease? Y___ N___
- D. Trembling in the morning? Y___ N___
- E. Insomnia? Y___ N___
- F. A blackout? Y___ N___
- G. Increased tolerance to the effects of alcohol or drugs? Y___ N___
- H. Have you ever been in counseling? Y___ N___
- I. Have you ever used IV drugs? Y___ N___
- J. Do you have a family physician? Y___ N___

Name: _____ Phone: _____

- K. Are you on any medication? Y___ N___

PLEASE LIST MEDICATIONS: _____

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FAMILY

Has a family member ever:

- | | |
|--|-----------|
| A. Expressed concern about your alcohol or drug use? | Y___ N___ |
| B. Made excuses for your behavior? | Y___ N___ |
| C. Had to drive you because of intoxication? | Y___ N___ |
| D. Said that you change after drinking or drug use? | Y___ N___ |
| C. Been to Al-Anon? | Y___ N___ |

LEGAL

Have you ever been arrested for any of the following:

- | | |
|---|-----------|
| A. Alcohol or drug intoxication? | Y___ N___ |
| B. Possession of drugs and paraphernalia? | Y___ N___ |
| C. Sale of drugs? | Y___ N___ |
| D. Any other offense? | Y___ N___ |

PLEASE DESCRIBE: _____

GENERAL

- | | |
|---|-----------|
| A. Do most of your friends drink or use drugs? | Y___ N___ |
| B. Have you ever attended AA or NA meetings? | Y___ N___ |
| C. Have you ever attempted to stop or cut down use? | Y___ N___ |
| D. What do you feel are the motivating factors for the other party to make these Accusations? | |

NOTES (for assessors use):

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SUBSTANCE USE HISTORY

Indicate all substances used **WITHIN LAST YEAR** (Amount and frequency)

X	Substance	Daily	Weekly	Monthly	Yearly	Never	Amount	Duration	Last Use
	Alcohol								
	Marijuana								
	Amphetamine								
	Cocaine								
	Opiates								
	Hallucinogens								
	Inhalants								
	Tranquilizers								

FAMILY HISTORY

Have family members experienced the following

	Mother	Father	Siblings	Grandparents
Alcohol Abuse				
Drug Abuse				
Depression				
Suicide				

Were any of the present in your family?

A. Domestic violence?

Y ___ N ___

B. Child Abuse (of yourself)?

Y ___ N ___

C. Child Abuse (of a sibling)?

Y ___ N ___

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COLLATERAL CONTACT

Spouse's Name: _____ Phone: _____ Initial: _____

Father's Name: _____ Phone: _____ Initial: _____

Mother's Name: _____ Phone: _____ Initial: _____

Siblings Name: _____ Phone: _____ Initial: _____

Siblings Name: _____ Phone: _____ Initial: _____

Siblings Name: _____ Phone: _____ Initial: _____

Mediator's Name: _____ Phone: _____ Initial: _____

Prob/Parole Name: _____ Phone: _____ Initial: _____

Employer Name: _____ Phone: _____ Initial: _____

Client Attorney: _____ Phone: _____ Initial: _____

Spouse Attorney: _____ Phone: _____ Initial: _____

Other Associate: _____ Phone: _____ Initial: _____

Other Associate: _____ Phone: _____ Initial: _____

I understand that in order to complete a comprehensive, accurate assessment, it may be necessary to contact collateral sources for confirmation of interview data. I hereby release Hill Alcohol and Drug Treatment to contact any or all of the above named individuals to confirm information regarding my use of alcohol or drugs. I hereby waive any rights I hold to confidentially, regarding information I have given to Hill Alcohol and Drug Treatment or its employees. This is in effect for ninety day (90) from the date of signing.

PRINT CLIENT NAME

CLIENT SIGNATURE

DATE

PRINT WITNESS NAME

WITNESS SIGNATURE

DATE

HILL ALCOHOL AND DRUG TREATMENT COURT ASSESSMENT

I understand that the evaluation I am requesting and for which, Hill Alcohol and Drug Treatment is being compensated, is based on information obtained from myself and other people who may have information related to my use of alcohol or drugs. Some of the information may be objective (I.e. police reports, court document, etc.) or it may be subjective opinions of current or past family members, associated therapists or others.

I understand that I am not purchasing an evaluation that states my own beliefs.

I understand that the evaluator will not be available to debate or amend the report or its contents and any attempts to alter the report by me will be reported to the court and that any written correspondence will be transmitted to the appropriate court. Any threats or efforts to intimidate any employee of Hill Alcohol and Drug Treatment will immediately be reported to the local Police Department.

I have requested this evaluation fully understanding that I may not agree with the finding, impressions or recommendations of the report and the evaluator.

PRINT CLIENT NAME

CLIENT SIGNATURE

DATE

PRINT WITNESS NAME

WITNESS SIGNATURE

DATE