

INTERSTATE COMPACT CLIENT QUESTIONNAIRE

The following questions must be answered by all clients seeking admission to this program for alcohol and drug education or treatment and are required by Colorado law. Failure to provide complete or accurate information, including refusal to sign a release of information to the referring criminal justice agency and the Colorado Interstate Compact Office, will prevent this program from admitting you for treatment.

1) Are you applying for treatment because of a current requirement to attend a **treatment program in Colorado** by any court, department of corrections, state board of parole, probation department, parole division, adult diversion program, or any other similar entity or program in another state? Yes____ No____

(Note: a YES answer here indicates the out-of-state court ordered you into treatment in Colorado. If you are satisfying a requirement to obtain treatment but were not required by the sentencing court to obtain this treatment in a Colorado treatment facility, your answer here should be NO).

If you answered YES above, please answer the following question:

2) Are you, or will you be, under the supervision of a probation officer or parole officer in Colorado? Yes____ No____

(Note: if you do not have an assigned Colorado probation or parole officer, the Interstate Compact Office will be notified).

3) For DUI offenders only: Are you seeking education or treatment for the sole purpose of restoring your driving privileges as the result of an alcohol or drug related driving offense in another state, but are not under a court order to receive this treatment in Colorado? Yes____* No____**

**You could satisfy this education and/or therapy requirement in any state.*

***You have been court-ordered to satisfy this education and/or therapy in a Colorado program.*

Your Name: _____ Date of Birth: _____

Social Security number: _____ Place of Birth: _____

Signature: _____ Today's Date: _____

If you answered "Yes" to 1) or 2) or "No" to 3) above, please provide the following:

1. Name, address and phone number of your probation officer, parole officer, judge or diversion officer: _____

2. A copy of your probation, parole, court or diversion order, including treatment requirements.

Your admission into this program will be delayed pending approval by the Colorado Interstate Compact Office (ICO).