



Alcohol and Drug Abuse Services  
701 School St. Napa, CA 94559 (707) 226-1248  
Deferred Entry of Judgment Program

***PC 1000 INTAKE INFORMATION***

Today's Date \_\_\_\_\_ CR# \_\_\_\_\_ PID \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_

Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Company for texting \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_ Sex (circle one) M F (Pregnant? Y N)

What do you consider to be your ethnic background? ☐Caucasian ☐Hispanic ☐Asian ☐Filipino  
☐African American ☐Native American ☐Pacific Islander ☐Other: \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_

Do you have any special needs that we should know about?

Emergency Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship (with above person) \_\_\_\_\_

What is your current living situation (i.e. homeless, parents, roommate, own family)?

I have entered all the information above correctly to the best of my knowledge.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**