



FLORIDA DUI CLIENT PROOF OF RESIDENCE

Northeast Florida Safety Council (NEFSC) is licensed as a DUI Program Provider by the State of Florida, Department of Highway Safety & Motor Vehicles, Division of Motorist Services, Bureau of Motorist Compliance. The DUI Program Provider License certifies that NEFSC serves the State of Florida as a Driving Under the Influence Program Provider for Baker, Clay, Columbia, Duval, Hamilton, Lafayette, Nassau, St. Johns, and Suwannee Counties (3rd, 4th, 7th, & 8th Judicial Circuits), in accordance with the provisions of §322.292, Florida Statutes.

Florida Administrative Code 15A-10.009 requires that:

“Persons who are ordered by the court, pursuant to §316.192 or 316.193, Florida Statutes, to attend a substance abuse course, or who attend such course after an arrest for §316.192 or 316.193, Florida Statutes, but prior to conviction, shall attend the DUI program that serves the county of that person's residence, employment, or school attendance unless the program(s) of residence, employment, or education do(es) not object to attendance at another program for the convenience of the client.”

DUI clients enrolling for the DUI program with NEFSC must provide documentation that they *live in, work in, or attend school in said program's jurisdiction*, unless written permission is obtained from the client's county of residence. A list of acceptable documents has been provided to me. Refusal or failure on the part of the client to provide the information, will result in dismissal from the program and a report of failure to complete the program will be sent to the DHSMV.

I, _____ (First, MI, Last Name Printed) have read or have had read to me and fully understand the above information.

I attest that I live/work/attend school in: _____
County/City/State

By my signature below, I acknowledge that I have read and understand the above statements.

Student Signature (please do not initial) Date Signed

Witness Signature (please do not initial) Relationship to Client or Position Date Signed

PHOTO/AUDIO/VIDEO RECORDING POLICY

Florida state law requires ALL parties consent to the recording or the disclosure of contents of any wire, oral or electronic communication in Florida.

RECORDING, DISCLOSING, OR ENDEAVORING TO DISCLOSE WITHOUT CONSENT OF ALL PARTIES IS A FELONY.
(FL §934)

For your protection and privacy, and for the protection and privacy of NEFSC staff, visitors, and other students, no photographic, audio or video recordings are allowed.

By signing below:

- I acknowledge that I understand and agree to abide by this rule.
- I understand that I will be dismissed from class and/or evaluation if I am found in possession of any photographic, audio or video device, or for any unauthorized recording of any kind.
- I understand that I will be required to re-enroll in the DUI program and pay the full enrollment fee or pay applicable rescheduling fees for all other NEFSC programs.
- I will also be required to erase any recordings made or risk prosecution of the law.

I _____ (First, MI, Last Name Printed) have read or have had read to me and fully understand the above information.

By my signature below, I acknowledge that I have read and understand the above statements.

Student Signature (please do not initial)

_____/_____/_____
Date Signed

Witness Signature (please do not initial)

Relationship to Client or Position

_____/_____/_____
Date Signed

I HAVE BEEN INFORMED THAT IT IS MY RESPONSIBILITY TO CONTACT THE SPECIAL SUPERVISION PROGRAM WITHIN FIVE (5) DAYS UPON RECEIPT OF MY APPROVAL LETTER FROM THE D.H.S.M.V. I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN THE CANCELLATION OF MY DRIVING PRIVILEGE.

Client Signature

Date

Program Representative

Date



To: Special Supervision Clients and all SSS Candidates

Administrative Rule 15A-10.035, SSS MISSED APPOINTMENTS requires the recommendation of cancellation of the driver license to DHSMV in the event a client misses two (2) consecutive appointments unless the client has good cause for missing the appointment. Good cause is defined as natural disaster, death in the immediate family, or illness documented by the attending physician.

I am in receipt of the above information and acknowledge this is by my signature below.

Client Name _____ Date _____



Special Supervision Services Medical Records Fee

Date _____ Client # _____

Name _____

Address _____

Florida Statue 395.3025, dated October 1, 1992, states that charges for copies of medical records are allowed.

Should the Special Supervision Services program require medical records on my behalf for enrollment into the SSS program, I understand that any fees for said records will be my financial responsibility.

I have read and agree to the above statement:

Client Signature

Date

Program Representative

Date



**Special Supervision Services
Re-Scheduling Policy**

Northeast Florida Safety Council (NEFSC)'s Special Supervision Program serves many clients, and their update appointments are scheduled at least 1 month in advance. The following re-scheduling policy enables us to provide fair and cost-effective services.

Re-Scheduling at No Charge:

- Medical Emergency
- Death in the immediate Family
- Employment crisis

Any of the above situations require official written verification.

Re-scheduling at Full Fee:

- Any client who fails to call and re-schedule their appointment 5 workdays in advance of the scheduled appointment time
- Any client who fails to appear for their scheduled appointment
- Any client who is 10 minutes or more late for a scheduled appointment

Exceptions:

Any exception to this policy must be approved by the Director of Clinical Services & DUI.

Client Signature

Date

NEFSC Representative

Date



IGNITION INTERLOCK DEVICE
UPDATE PLAN

If the Ignition Interlock Device (IID) is required to be installed on my vehicle as a condition of having a restricted Driver's License under the Special Supervision Services (SSS) Program, I agree to the following:

1. I will not consume alcohol.
2. I will not use products which contain alcohol (including mouthwash, cough syrups, breath sprays, gum which contain alcohol, etc.) in any form prior to operating my motor vehicle or using the Ignition Interlock Device.
3. I will NOT allow ANYONE who has been consuming alcohol or using products which contain alcohol to operate my motor vehicle or Ignition Interlock Device.

I accept that I alone am responsible for all the breathalyzer readings (Brac) on the ignition interlock device installed on my vehicle and that any Brac Readings .020 or higher on my ignition interlock device will be considered "probable cause" for blood alcohol chemical testing within 2 hrs of the incident or as soon as the lab opens if the incident occurred after hours. Failure to complete the blood alcohol test within the specified time frame will be considered a "refusal" of a chemical test and grounds for immediate cancellation from the SSS Program.

(signature)

Date

Printed name

Witness

Date

322.271 Authority to modify revocation, cancellation, or suspension order.—

1 (c) For the purposes of this section, the term:

1. “A driving privilege restricted to business purposes only” means a driving privilege that is limited to any driving necessary to maintain livelihood, including driving to and from work, necessary on-the-job driving, driving for educational purposes, and driving for church and for medical purposes.

2. “A driving privilege restricted to employment purposes only” means a driving privilege that is limited to driving to and from work and any necessary on-the-job driving required by an employer or occupation.

Driving for any purpose other than as provided by this paragraph is not permitted by a person whose driving privilege has been restricted to employment or business purposes. In addition, a person whose driving privilege is restricted to employment or business purposes remains subject to any restriction that applied to the type of license which the person held at the time of the order of suspension, cancellation, or revocation.

Northeast Florida Safety Council, Inc
Jacksonville, FL

CLIENT RIGHTS / APPEAL PROCESS

Application Denial Process: Any applicant wishing to contest an unfavorable initial recommendation for the Special Supervision Services or a favorable recommendation with referral to treatment may appeal to any DUI program which geographically borders the original program unless that program has received approval from the Department of Highway Safety Motor Vehicles (DHSMV) to not participate in the appeal process. Any substantial matter may be the basis for an appeal, including, but not limited to, the psychosocial evaluation or substance abuse testing procedures or results.

If an appeal is taken, the second DUI program will review all written documentation, meet face to face with the applicant/client, and perform a second psychosocial evaluation unless it is unnecessary to the appeal process.

If the second program supports the original recommendation, the original recommendation shall be the final recommendation to the DHSMV. If the second program rejects the original recommendation, the matter will be referred to the Hearing Officer. After review of both the original and second recommendations, the Hearing Officer shall review the matter. The Hearing Officer shall provide written findings outlining the reason for its recommendation.

Client Cancellation Process: Any client who wishes to contest a recommendation of termination from the program may appeal to any DUI program which geographically borders the original program unless that program has received approval to not participate in the appeal process. Any substantial matter may be the basis for an appeal including, but not limited to, the psychosocial evaluation or substance abuse testing procedures or results. The second program shall review only written documentation related to the issues(s) resulting in termination. A second face-to-face evaluation shall be conducted if it is relevant to the termination recommendation. Irrespective of whether there is a face-to-face evaluation, the client shall be given the opportunity to present information in person to the program conducting the appeal. If the second program rejects the original recommendation of termination, the matter will be referred to the Hearing Officer. After review of both the original and second recommendations, the Hearing Officer shall review the matter and make the final recommendation to the client. The Hearing Officer shall provide written findings outlining the reason for its recommendation.

Fees for an Appeal: The fee for an appeal shall be determined by the program conducting the appeal. However, in no case shall it exceed \$150.00 if a psychosocial evaluation is conducted or \$75.00 if an evaluation is not conducted. In any case, the fee shall not be refunded.

Chemical Testing: If an applicant/client receives an unfavorable original recommendation or is recommended for termination based on a positive result of a chemical test for alcohol or other drugs a second test may be conducted on the same sample if requested by the applicant/client. The second test may be conducted at a laboratory selected by the applicant/client. In such case, the chain of custody must be established. In any case, in order for the results to have validity, the laboratory shall be licensed in forensic toxicology by the Agency for Health Care Administration.

The procedure for processing an appeal shall be conducted in the manner described below:

Procedures:

1) The applicant signs this form, HSMV Form 77018, at registration and is provided a list of programs eligible to conduct the appeal.

2) After the applicant/client receives notification from the DUI program of denial or cancellation, the applicant/client has 10 days to notify the first program in person of the intention to appeal, which notification shall include the name of the program to which the appeal will be taken. The applicant/client then signs a release of information form authorizing the transmittal of the relevant information to the second DUI program.

CLIENT RIGHTS / APPEAL PROCESS

- 3) The first program shall have 20 days after the signing of the release of information form to forward the relevant information to the second program.
- 4) Upon receipt, the second program shall review the information to determine what, if any, additional information shall be necessary for completion of the appeal. The applicant/client shall minimally be required to complete the Application for Appeal, HSMV Form 77024, pay the appropriate fees and schedule a meeting. At the discretion of the second program, the meeting may include a face-to-face evaluation and shall be held within 30 days of the date of the latest receipt of information from the first program. Irrespective of whether there is a face-to-face evaluation, the applicant/client shall be given the opportunity to present information in person to the program conducting the appeal.
- 5) The second program shall make a recommendation to the client within 20 days after the meeting. If the second program agrees with the first program's recommendation, the first program shall be informed of this decision and shall notify DHSMV accordingly.
- 6) If the second program disagrees with the recommendation of the first program, the second program shall, within 10 days, forward to the Hearing Officer serving the area of the first program all information received from the first program, other information obtained by the second program (including any documentation of a psychosocial evaluation) and information provided by the client.
- 7) The Hearing Officer shall consider all relevant information provided by the second program and is authorized to request additional written or verbal documentation from either the program or the applicant/client to clarify and corroborate what has been received.
- 8) The Hearing Officer shall then make his/her recommendation and send the signed Final Order Denying Appeal, HSMV Form 77052 or Final Order Granting Appeal, HSMV Form 77053 to the applicant or client within 10 days of its decision with copies sent to both DUI programs involved. If the Hearing Officer approves the recommendation of acceptance or reinstatement, the applicant shall be seen by the program serving the applicant's county of residence, employment, or school attendance unless that program does not have any objection to the client attending another program.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature

Date

Printed Name

Phone

Address

CC: Provider
Client File

Northeast Florida Safety Council, Inc
Jacksonville, FL

SPECIAL SUPERVISION SERVICES Information Sheet

Applicant

Last Name First Name Middle / Maiden

Residence Address

Telephone

Social Security #

Local Applicant Identification #

Date of Birth

Driver License #

Revocation Period

County of employment/school attendance

As an applicant for a hearing to Florida Department of Highway Safety and Motor Vehicles (DHSMV), Division of Driver Licenses, for a restricted driver license/permit under the provisions of section 322.271, Florida Statutes, I have been advised of and understand the following procedures and conditions, as noted below.

1. The DHSMV, Division of Driver Licenses, has the full statutory responsibility of granting the restricted driver license to the applicant. Registration in the DUI Special Supervision Services does not imply in any way the Division of Driver Licenses will issue the restricted driver license to the applicant. The restricted driver license, issued by the DHSMV, Division of Driver License, is for employment or business purposes; the DHSMV, Division of Driver Licenses, determines which license, if any, is granted to the applicant. The applicant is also informed that, based on the finding of either the DHSMV, Division of Driver Licenses, or the DUI Special Supervision Services, the applicant may not be granted the restricted driver license. If the restricted driver license is granted by the DHSMV, Division of Driver Licenses, the driver license will be cancelled or revoked if the applicant violates any of the procedures or conditions under the provisions of section 322.271, Florida Statutes.

2. The applicant should note that approval will be denied if any of the following criteria are not met:

A) An applicant with a revocation of 5 years or less must wait until the expiration of twelve (12) months after the date the revocation was imposed as a prerequisite to admission into the program and must not have driven within the twelve (12) months prior to reinstatement. An applicant with a revocation of 5 years or less must have not used any drugs for at least the past twelve (12) months. Drugs include alcohol and those so-called non-alcoholic beers or wines which contain less than .5% of alcohol. Consuming medication prescribed for others is considered abuse and shall warrant a negative recommendation for acceptance into the program or cancellation if already in the program. Drugs do not include medication taken according to directions for its intended medicinal purpose.

B) An applicant with a revocation of more than 5 years, except those under permanent revocation, must wait at least twenty-four (24) months as a pre-requisite to admission into the program and must not have driven within the twelve (12) months prior to reinstatement. An applicant with a revocation of more than 5 years, except those under permanent revocation, must not have used any drugs for at least twelve (12) months. Drugs include alcohol and those so-called non-alcoholic beers or wines which contain less than .5% of alcohol. Consuming medication prescribed for others is considered abuse and shall warrant a negative recommendation for acceptance into the program, or cancellation if already in the program. Drugs do not include medication taken according to directions for its intended medicinal purpose.

C) Effective July 1, 1998, customers under permanent license revocation for four or more DUI convictions, for DUI Manslaughter with a prior DUI conviction or for murder resulting from the operation of a motor vehicle are not eligible for this program. Applicants under a permanent license revocation for DUI Manslaughter with no prior DUI related convictions: 1) must not have been arrested for a drug related offense during the 5 years preceding the filing of the petition; 2) must not have driven a motor vehicle without a license for at least 5 years prior to the hearing, or for five years after the termination of any term of incarceration under s. 316.193 or former s. 316.1931, whichever date is later; 3) must not have used any drugs for at least 5 years prior to the hearing; and 4) must have completed a DUI program licensed by the DHSMV. Drugs include alcohol and those so called non alcoholic beers or wines which contain less than .5% of alcohol. Consuming medication prescribed for others is considered abuse and shall warrant a negative recommendation for acceptance into the program or cancellation if already in the program. Drugs do not include medication taken according to directions for its intended medicinal purpose.

3. I understand that under section 322.271, Florida Statutes, the DHSMV, Division of Driver Licenses, will perform a field investigation regarding my driving and drinking behaviors, and that the results of this investigation shall be considered by the DHSMV to determine if any restricted driver license/permit shall be issued.

Northeast Florida Safety Council, Inc
Jacksonville, FL

SPECIAL SUPERVISION SERVICES Information Sheet

4. I must register in the DUI Special Supervision Services to begin the process required for the DHSMV, Division of Driver Licenses hearing; and if approved for the restricted driver license/permit, I must remain active in the DUI Special Supervision Services and must abide by the rules and regulations established for this program. The regulations require that I register in the DUI Special Supervision Services approved for the county of my residence, employment, or school attendance.
5. I will be required to fill out in their entirety certain forms requesting information of a personal nature for entrance into the DUI Special Supervision Services, and any subsequent forms required while I am enrolled in the DUI Special Supervision Services.
6. I will be required to pay the established fee of the DUI Special Supervision Services, which includes a screening eligibility fee of \$25.00, an initial entrance fee of \$261.00, supervision fees of \$55.00 per visit, and miscellaneous fees at periodic intervals, for certain required records from the DHSMV, Division of Driver Licenses, other agencies, courts, and/or clerks of court. Should I miss a scheduled appointment at the program or be tardy for a scheduled appointment, I will be required to pay for any absence or tardy arrival at \$55.00 per appointment. Fees paid to the DUI Special Supervision Services are not refundable for any reason.
7. I will be required to release and pay for driver license records and criminal arrest/convictions records on my entrance in the program and at standard intervals of six months thereafter.
8. I will be required to be under the supervision of the DUI Special Supervision Services by Florida law for the remaining period of the driver license revocation with the provision that my restricted driver license remains in good standing with the DHSMV, Division of Driver Licenses. I will be required to have supervision sessions at least monthly during the first year of the regular supervision period, once every other month for the second year and once a quarter for the third year and the fourth year. The following years will include a minimum of three visits per year as specified by the DUI Special Supervision Services except for those under permanent revocation.
9. I understand that should I be absent or late for an appointment at the DUI Special Supervision Services, I am required to contact the program within 5 business days of the missed appointment. I understand that if I do not contact the program in this time frame that a notice will be mailed requesting the DHSMV, Division of Driver Licenses to cancel my driver license for missing the scheduled appointment. I understand that if I miss two consecutive appointments the program shall recommend cancellation of the license unless I have good cause for missing the appointment. Good cause is defined as natural disaster, death in the immediate family or illness documented by the attending physician.
10. I understand the DUI Special Supervision Services may require me to undergo treatment for an alcohol or other drug problem at an agency other than the DUI Special Supervision Services. I will be required to pay for any required treatment. In the event I do not attend the required treatment, I understand the DUI Special Supervision Services will recommend to the DHSMV, Division of Driver Licenses, that my restricted driver license be cancelled for failure to follow the requirements of the DUI Special Supervision Services, as provided by law.
11. I understand the DUI Special Supervision Services will require me to execute a standardized, Statement of Abstinence, HSMV Form 77014, acknowledging and stating that I will not be allowed for the entire period of enrollment in the DUI Special Supervision Services to consume any alcohol, will not be allowed to use any controlled (illegal) drugs, will not abuse any medication prescribed by any individual licensed to prescribe or administer medication in the State of Florida, and will not abuse any medication or drugs sold over the counter. I understand that in the event I violate this regulation, the DUI Special Supervision Services is required to recommend to the DHSMV, Division of Driver License, that my restricted driver license be cancelled for violation of the program regulations.
12. I understand I will be required to provide releases of information, as required by the DUI Special Supervision Services, from community agencies, hospitals, or any organization or person who provided services as identified by the client/applicant and I understand I am responsible for any charges from any agency for any required information released to the DUI Special Supervision Services. I understand that the DUI Special Supervision Services may require me to bring one or more significant persons in my life to verify information that has been provided by me.
13. I understand that I will be subject to chemical testing for use of alcohol or any other drug, from time to time, by the DUI Special Supervision Services. If the DUI Special Supervision Services requires any chemical testing for alcohol or other drug use, I will be required to pay for the chemical testing. This testing shall be conducted through blood when testing for alcohol and through urine for other drugs. I understand in the event I do not follow through with the required testing in the time frame designated by the DUI Special Supervision Services, the program will recommend to the DHSMV, Division of Driver Licenses, that my restricted driver license be cancelled for failure or refusal to take the required tests, as directed by the DUI Special Supervision Services.
14. I understand that I must abide by all the terms and conditions specified by the DUI Special Supervision Services. I understand the requirements and procedures of the DUI Special Supervision Services may change from time to time as approved by the Department. I also understand that I am subject to any changes in the requirements and procedures of the DUI Special Supervision Services.

Northeast Florida Safety Council, Inc
Jacksonville, FL

SPECIAL SUPERVISION SERVICES Information Sheet

15. I understand that I am entitled to request a summary of any records the DUI Special Supervision Services may have regarding me and my participation in this program.

16. If I receive an unfavorable initial recommendation by the DUI program concerning eligibility, I may appeal this decision through the appeal process as established in the Administrative Rules. If I am accepted into the Special Supervision Services and then receive a recommendation for termination, I shall be allowed to appeal such recommendation through the appeal process as established in the Administrative Rules. In such cases where the recommendation is for cancellation, the DUI program will submit notice to the DHSMV, which may result in cancellation, prior to completion of the appellate process. In all cases the final decision on driver license action will be made by the DHSMV. I understand any final order of the DHSMV, Division of Driver Licenses, that is based upon an adverse recommendation of a DUI Special Supervision Services shall be appealable in the manner and within the time provided by the Florida Rules of Appellate Procedure only by a writ of certiorari issued by the Circuit Court, under the provisions of section 322.31, Florida Statutes.

17. I fully understand the conditions set forth above, and agree to abide by such while in the DUI Special Supervision Services. I also understand that my failure to abide by the conditions set forth above will cause the DUI Special Supervision Services to recommend to the DHSMV, Division of Driver Licenses, that my participation in the program be terminated and where applicable the restricted driver license be cancelled.

18. I hereby make application to register in the DUI Special Supervision Services. I acknowledge receipt of a copy of this Registration Form.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signed: _____

Date: _____

Office Hours for this office are:

NORTHEAST FLORIDA SAFETY COUNCIL

1725 Art Museum Drive – Jacksonville, Florida 32207-1100

NEFSC SPECIAL SUPERVISION SERVICES MEDICAL/HEALTH QUESTIONNAIRE

1. Are you involved in an exercise program? A weight loss or weight maintenance program? If so please describe.
2. Approximately how much fluid (beverages) do you normally drink in a twenty-four hour period?
3. Do you or have you ever had any chronic health problems? If so, please describe.
4. Please list all physicians, hospitals and clinics from whom you have received medical care. Include doctor's offices, hospitals, emergency rooms and health care clinics. Only include dental care if you are or have recently been taking medication prescribed by the provider. Use a separate page if necessary.

5. Please list all providers of psychological, mental health or life adjustment counseling from whom you have received services as an inpatient or an outpatient client. Use a separate page if necessary.

6. Please list all individuals and programs from whom you have received chemical dependency counseling or treatment. Include counseling about alcohol, other drugs, or any related issued. Use a separate page if necessary.

Client Signature _____

Date _____

Northeast Florida Safety Council, Inc
Jacksonville, FL

Special Supervision Services Personal History

Please Print Your Responses

Date _____

Please answer each of the following questions by filling in the blanks with the information requested. For those questions that are followed by numbered choices, select the choice which most closely describes your answer. For questions such as age, fill in the correct number. For some short answer questions, such as your occupation, simply write in the correct answer.

1. My name is: _____
(Last Name) (First Name) (Middle/Maiden)

2. I was born in: _____ on _____
(City/State) (Date)

3. My current address is: _____
(Street/City/State/Zip)

4. My home telephone number is _____

5. My office telephone number is _____

6. I am currently employed as: _____

7. I have worked for _____ years.

8. Check one: I have I have not been in the military
 I am I am not retired from the military service

9. I have been arrested a total of _____ times in my lifetime.
The number of arrests where alcohol and/or drugs were involved was _____.
The number of arrests for driving under the influence of alcohol was _____.
My age at my first arrests for driving under the influence of alcohol was _____.
My age at my first arrest was _____. My age at my first alcohol-related arrest was _____.

10. Check your marital status and answer the question (if any)
 Single, never married Divorced (How many times? _____)
 Married (How many times? _____) Widowed
 Separated (How many times? _____) Living Together

11. How long have you been married? _____

12. How many children do you have (Put "0" for none) _____

13. How many brothers do you have? _____

14. How many sisters do you have? _____

Special Supervision Services Personal History

15. Do any reside in this area? _____
16. Do you have any other relatives living in this area? _____
17. What is the highest grade completed in school? _____
18. What has been your main occupation during most of your adult life? _____
19. What other kinds of work have you done in the past? _____
20. How long have you been at your current job? (Put "0" if unemployed)
21. How many months/years were you at your last job? _____
22. Circle which of the following best describes your work history?
- Worked little or none
 - Worked sporadically (off and on)
 - Worked steadily, but not always full time
 - Worked fairly steadily for full time
23. How much do you like your work on a scale from 1 to 10 with 1 meaning not at all and ten meaning very much: _____.
24. Does your spouse/partner work? _____ If yes, what type of work? _____
25. My general health is _____ Good _____ Fair _____ Poor
26. In an average week (7) days, on how many days do you:
- eat breakfast? _____.
 - eat lunch? _____.
 - eat an evening meal? _____.
27. On a daily basis, how often do you eat additional snacks beside regular meals? _____
28. If you over-eat sometimes, what factors are most likely to lead you to over-eat (i.e situation, kinds of food, feelings, etc.) _____

29. How many caffeine drinks do you have in an average day?
- cups of coffee _____.
 - cups of tea _____.
 - cups of soda _____.

Special Supervision Services Personal History

30. Put the number of times you have been treated for each of the following:

Heart trouble _____ Stomach trouble _____ Sleep problems _____
Kidney trouble _____ Diabetes _____ G.I. problem _____
Liver trouble _____ Alcoholism _____ Diet problem _____
Lungs _____ Hypertension _____ Allergy _____
Other _____
None of the above _____

31. Put the number of medications you have ever taken, for each of the following:

Heart trouble _____ Stomach trouble _____ Sleep problems _____
Kidney trouble _____ Diabetes _____ G.I. problem _____
Liver trouble _____ Alcoholism _____ Diet problem _____
Lungs _____ Hypertension _____ Allergy _____
None of the above _____

32. Please list any medications you currently take: _____

33. Have you ever suffered from any of the following on-going types of pain? (Check all that apply):

Back pain _____ Premenstrual Syndrome _____ None _____
Headache _____ Stomach _____
Neck pain _____ Other _____

34. How many times have you been hospitalized? _____

Special Supervision Services Personal History

35. Check the following things that you enjoy doing:

Eat a meal _____ Gamble _____ Go to school _____
Read _____ Play cards _____ Work _____
Watch TV _____ Sports _____ Dance _____
Theater _____ Animal care _____ Smoke _____
Party _____ Sleep _____
Exercise _____ Be alone _____
Other (Please specify) _____

36. Do you have close friends that you can confide in? (check one)

- No friends
 Only casual acquaintances
 One or more close friends

37. How often would you describe yourself as being lonely? (check one)

- Never Sometimes
 Seldom Most of the time

38. Do you feel over-stressed or anxious? (check one)

- Never Sometimes
 Seldom Most of the time

39. Do you feel that your life is difficult to manage? (check one)

- Never Sometimes
 Seldom Most of the time

40. How would you describe yourself? (check any that are applicable)

High strung and restless _____ Moody and depressed _____ Getting along _____
Ambitious _____ Concerned about the future _____ None of the above _____
Tired and overworked _____ Happy and well adjusted _____

41. How would you describe your home life? (check any that are applicable)

Happy _____
Okay _____
Unhappy _____

42. When was the last time you had anything to drink which contained alcohol? _____

Special Supervision Services Personal History

43. Do you feel that drinking is causing you, or has caused, any problems in the following areas of your life? (place yes "Y", or no "N", in spaces below)

Marriage _____

Job or employment _____

Health _____

Court or other legal difficulties _____

44. How many times a week did you drink alcohol? _____

45. How many drinks did you have in an average week? _____

46. How did you usually drink? (check one)

Alone _____

With others who were drinking _____

With others who were not drinking _____

47. Where did you do most of your drinking? (check one)

At home _____

In your car _____

At work _____

In bars _____

On the street _____

Other places (where)? _____

48. When did you do most of your drinking? (check any that apply)

Before work _____

At night _____

During work _____

At parties _____

After work _____

Day and night _____

49. Check any of the following which best describes your past drinking behavior:

Drink a lot one day per week _____

Drink heavily every day _____

Drink a little once in a while _____

Drink a lot several days per week _____

Drink a little every day _____

Other drinking pattern _____

50. Has your drinking ever caused arguments? _____

51. Have the arguments resulted from your drinking, or someone elses?

Self _____

Other _____

Both _____

Neither _____

52. Did you ever feel that it was easier to start something after you had a drink? _____

Special Supervision Services Personal History

53. Did you drink to feel less self-conscious, and more at ease, around people? _____

54. Did drinking sometimes give you courage or self-confidence? _____

55. Did you feel more quarrelsome or angry after you had several drinks? _____

56. Have you ever been told that you become rowdy or noisy when drinking too much? _____

57. Have you ever destroyed property or gotten into physical fights when you were drinking?

58. Have you ever thought about cutting down on drinking? _____
59. Have you ever felt bad, or guilty, about your drinking? _____
60. Have you ever found when awakening (waking up) that you can't remember, or wonder what you did the night before, when you were drinking? _____
61. After drinking the night before, have you ever decided not to go to work the next morning?
Yes or No _____. If yes, how many times a year did this happen? _____
62. Have you ever found that your hands shake and tremble in the morning? _____
63. Have you ever vomited or been very sick to your stomach, not while drinking, but the morning after drinking? _____
64. Did you ever drink in the morning before breakfast, or before going to work? _____
65. Did you feel that your health would be better if you decreased or stopped your drinking?

Special Supervision Services Personal History

66. Did you ever take tranquilizers, anti-depressants, or pep pills? _____

67. Have you ever been told by a medical person that your drinking was injuring your liver? _____

68. What is the longest time (in days) that you have gone without drinking in the last five years? _____
What led up to this (or caused it)? _____

69. Do you usually have alcohol in your home? (This includes so-called non-alcoholic beer or wine which contain less than .5% of alcohol.) _____

70. Indicate, in the spaces provided, the number of previous treatments you have received for alcohol problems, from each of the following:

Hospital (any kind) _____	AA meetings _____	Private doctor: _____
Outpatient clinic _____	V.A. Hospital _____	MD _____
Detox facility _____	Other _____	Psychiatrist _____
		Psychologist _____

71. How would you describe your spouse's / partner's drinking?

Non-drinker _____	Moderate drinker _____
Occasional _____	Heavy drinker _____
Social Drinker _____	Alcoholic _____

72. Has your spouse / partner, employer or friend, ever complained about your drinking? _____

73 .Please write below the names and addresses of three persons that know you well, and who we may contact, to confirm this information which you have given on this form:

Name: _____ Phone: _____

Address _____ Relationship _____

Name: _____ Phone: _____

Address _____ Relationship _____

Name: _____ Phone: _____

Address _____ Relationship _____

Under penalties of perjury, I declare that I have read the foregoing document, and that the facts stated in it are true.

Client Signature _____ Date: _____

Northeast Florida Safety Council, Inc
Jacksonville, FL
Special Supervision Services Screening Form

Name _____ Date _____

Date Of Birth _____ Phone Number _____

Revocation Period _____ DUI Conviction Dates _____

1. Have you completed the multiple offender DUI program since your last DUI? Yes No
If yes, when and where did you complete: _____

Copy of completion certificate attached? Yes No

2. Were you referred to treatment by the evaluator at your last multiple offender DUI program?
 Yes No If yes, when and where did you complete treatment? _____

Copy of completion certificate attached? Yes No

3. When have you driven any type of vehicle since your license was revoked? _____

During that time, had you been ticketed or arrested for any kind of traffic offense? Yes No

If yes, what were the charges: _____

Do you have any unpaid tickets and/or fines for traffic infractions? Yes No

If yes, please explain: _____

4. Have you been incarcerated during the license revocation period? Yes No

If yes, for what reason? _____ Date of release: _____

5. Have any judgements been levied against you resulting from accidents wherein you did not have insurance? Yes No If yes, please explain: _____

6. How often do you presently consume alcohol, including the so-called non-alcoholic beers or wines that contain less than .5% of alcohol? _____

7. When was the last time you consumed any alcohol, including the so-called non-alcoholic beers or wines? _____

8. How often do you presently use prescription drugs, over the counter drugs, or any other kind of drugs? _____

Which drugs do you use? _____

How long has it been since you last used any of the above drugs? _____

9. Have you taken anyone else's medication for any reason during your revocation period?

Yes No If yes, please explain when, what, why it was taken and your relationship to the person whose medication you took: _____

10. Has your license been suspended, cancelled or revoked in any state? Yes No

If yes, which state(s): _____

11. During your revocation period, have you been arrested or convicted for an alcohol, drug, or substance abuse related issue? Yes No If yes, when, where, and for what? _____

Northeast Florida Safety Council, Inc
Jacksonville, FL
Special Supervision Services Screening Form

12. Have you applied for the Special Supervision Services program at any other DUI program(s) in the State of Florida Yes No If yes, where and when, and what was the outcome?

13. Are you aware that your application to the DUI Special Supervision Services will cost \$261.00 plus the cost of objective testing, and that this money is non refundable? Yes No

14. What are the reasons you are abstaining from alcohol and other drugs? _____

15. How do you currently maintain your abstinence from alcohol and other drugs? _____

16. Additional comments: _____

17. Recommendations to applicant: _____

Under Penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signatures	_____	_____
	Applicant	Date
	_____	_____
	DUI Program Representative	Date

Northeast Florida Safety Council, Inc

1725 Art Museum Drive
Jacksonville, FL 32207
(904) 399-3119 Fax (904) 399-1116

SPECIAL SUPERVISION SERVICES Statement Of Abstinence By Applicant

1. My name is _____ and my date of birth is _____
I reside at _____
2. I have been duly instructed by the Northeast Florida Safety Council, Inc that I am not to consume any alcohol (alcohol also includes so-called non-alcoholic beer and wine which contain less than .5% of alcohol), or violate the substance abuse guidelines described in section 3 below, during the period of my supervision by this program under section 322.271, Florida Statutes, and that I further understand that my failure to abide by these instructions will result in the cancellation of my restricted driver license.
3. The following behaviors are considered substance abuse and will be reasons for denial or termination from the Special Supervision Services:
 - a. Illegal ("street") drugs: Any use is abuse.
 - b. Alcohol: No consumption of alcohol in any form may be used, including the so-called non-alcoholic beer/wine.
 - c. Non-prescription ("over the counter") medications:
 1. These must not be used for any purpose other than the intended purpose described on the package.
 2. These must not be used more often or in greater quantity or for a longer period of time than stated on the package , unless otherwise directed by a licensed physician.
 3. Any warning about not using these before driving must be heeded.
 - d. Prescription medication:
 1. Items A, B and C for non-prescription medication also apply to prescription medication.
 2. In addition, taking / using medication prescribed for anyone other than yourself is considered abuse.
 3. Prescription medication refers to any medication that can be obtained only by prescription from a doctor. This includes antibiotics, nicorette patches, birth control pills as well as pain medication, tranquilizers and diet medication.

I understand and accept the above warning about substance abuse. If I am in doubt about use of a medication in relation to this warning, I will ask my physician or pharmacist. I understand that I must report any use of drugs or medication to my evaluator / supervisor at the DUI program and that I may be requested to provide medical reports to document prescribed drug use instructions.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signed _____ Date _____

Witness _____ Date _____

Client File

Client Copy

Northeast Florida Safety Council, Inc
Jacksonville, FL

Special Supervision Services Statement of Abstinence from References

1 My name is _____
First Name Middle/Maiden Name Last Name

My residence address is: _____

My date of birth is: _____

2 I am employed as (type of work) _____
and have been in this position for _____ years.

3 I have known _____
Applicant first name, middle/maiden name, last name
for _____ years in the capacity of _____
Friend, employer, co-worker, etc.

4 I have known _____ to be abstinent for
Applicant
_____. This means I have known, to the best of my knowledge, that
Number of months/years
_____ has not consumed any alcohol or used illegal controlled
Applicant
substances (drugs) for the period of _____
Number of months/years

5 To the best of my knowledge, I recommend _____
Applicant
as being responsible enough to drive an automobile safely, and know that this person can be
trusted to drive an automobile or other vehicle without consuming any alcohol or using drugs.

6 I make this statement of my own free will, and have not been persuaded to make this statement or
compromised in any way to make this statement.

**Under penalties of perjury, I declare that I have read the foregoing document and that the
facts stated in it are true.**

Signed: _____ Dated _____

Northeast Florida Safety Council, Inc
Jacksonville, FL

Special Supervision Services Statement of Abstinence from References

1 My name is _____
First Name Middle/Maiden Name Last Name

My residence address is: _____

My date of birth is: _____

2 I am employed as (type of work) _____
and have been in this position for _____ years.

3 I have known _____
Applicant first name, middle/maiden name, last name
for _____ years in the capacity of _____
Friend, employer, co-worker, etc.

4 I have known _____ to be abstinent for _____
Applicant
_____. This means I have known, to the best of my knowledge, that
Number of months/years
_____ has not consumed any alcohol or used illegal controlled
Applicant
substances (drugs) for the period of _____
Number of months/years

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Applicant
as being responsible enough to drive an automobile safely, and know that this person can be
trusted to drive an automobile or other vehicle without consuming any alcohol or using drugs.

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compromised in any way to make this statement.

**Under penalties of perjury, I declare that I have read the foregoing document and that the
facts stated in it are true.**

Signed: _____ Dated _____

Northeast Florida Safety Council, Inc
Jacksonville, FL

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First Name Middle/Maiden Name Last Name

My residence address is: _____

My date of birth is: _____

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and have been in this position for _____ years.

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Applicant first name, middle/maiden name, last name
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Friend, employer, co-worker, etc.

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Applicant to be abstinent for
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Number of months/years
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Applicant
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facts stated in it are true.**

Signed: _____ Dated _____