

CROSSROADS' TURNING POINTS, INC.
OUT-OF-STATE OFFENDER
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. Refusal to cooperate, or failure to provide complete or accurate information, including failure to sign a release of information to the referring criminal justice agency, will result in immediate discharge from the treatment program and notification of authorities, in accord with the requirements in 17-27.1-101, CRS.

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

If yes, 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 officer 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 do so? Yes No

Your Name: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____

Signature: _____ Today's Date: _____

If you answered "Yes" to 1) or 2) above, please provide the following:

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

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