

**Group 1**  
**Personal, Play time, Pet Peeves** -Staff to client 1-15 ratio

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Personal – Client Name \_\_\_\_\_

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Where do you work? \_\_\_\_\_ Education/ Training? \_\_\_\_\_

Family Members \_\_\_\_\_

What do you do for fun? \_\_\_\_\_

What kind of music do you like? \_\_\_\_\_

What are your traffic pet peeves? \_\_\_\_\_

How do you respond? \_\_\_\_\_

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**Your DIP Experience**

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Why are you here? \_\_\_\_\_

How do you feel about being here? \_\_\_\_\_

What are you missing out on to be here? \_\_\_\_\_

How has this offense affected your routine? \_\_\_\_\_

What would you like to learn? \_\_\_\_\_

Do you feel like you have an open attitude regarding this program? \_\_\_\_\_

Why? \_\_\_\_\_

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Counselor Signature: \_\_\_\_\_

Date \_\_\_\_\_

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**Group 2**  
**OVI Story - Your Offense - Staff to client 1-15 ratio**

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What were you doing prior to you arrest? \_\_\_\_\_

Was it a normal or unusual day? If unusual, why? \_\_\_\_\_

Who were you with (first name)? \_\_\_\_\_ What day of the week? \_\_\_\_\_

What were you drinking and how much over what period of time? \_\_\_\_\_

How were you feeling when you got into your car? \_\_\_\_\_

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**Your Arrest**

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What were you pulled over for? \_\_\_\_\_ What time? \_\_\_\_\_

Did you take the breathalyzer/ Urine or Blood or Refused? What were the results? \_\_\_\_\_

Did you take the field test? \_\_\_\_\_ How did you do? \_\_\_\_\_

How did you feel during the arrest? \_\_\_\_\_

After? \_\_\_\_\_ What did you do? \_\_\_\_\_

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**Going to Court**

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What was your experience at court? \_\_\_\_\_

Do you have any priors? \_\_\_\_\_ If so what and when? \_\_\_\_\_

Did you receive jail time? If yes, why? \_\_\_\_\_

Did you receive the Interlock, SCRAM bracelet or have your car impounded? \_\_\_\_\_

How long did you lose your license for? \_\_\_\_\_ Other Penalties? \_\_\_\_\_