



**Form Must be Complete & Legible, or it will be returned**  
**This document is required to complete the Application for Treatment.**

Interstate Compact Unit  
 940 N Broadway  
 Denver, CO 80203  
 303.763.2408  
 DOC\_interstatetreatment@state.co.us

## Client Questionnaire

The following questionnaire must be completed by all adult clients seeking admission to this program for any education or treatment, as 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 a denial to attend the treatment program and notification to authorities, in accordance with the requirements in C.R.S 17-27-1-101.

Client Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you, or will you be under the supervision of a Probation or Parole Officer in YES  or NO  Colorado?
2. 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 court order to do so? YES  or NO
3. Are you required to report your treatment progress or completion to any Court, Department of Corrections, Parole, Probation, Adult Diversion Program or DMV YES  or NO  outside of the state of Colorado?
4. Do you have any pending cases, Probation/Parole supervision, or warrants in any YES  or NO  other state?

**If YES to questions 3 or 4 above, please answer the following questions(5-7) and complete Form A, Form B, a Providers Release of Information, along with any court or diversion order. Submit all forms and documentation to the Colorado Department of Corrections Interstate Compact Office.**

5. In what state was the crime committed? \_\_\_\_\_
6. Who are you to report the treatment to? \_\_\_\_\_  
 (Example: Court, Judge, Probation or Parole officer, etc.)
7. Name, address, and phone number of your \_\_\_\_\_  
 Probation Officer, Parole Officer, Judge, \_\_\_\_\_  
 or diversion officer who oversees your \_\_\_\_\_  
 case/supervision. \_\_\_\_\_

Form C

