|  |  |
| --- | --- |
|  | Picture 1 |

Client Information - Today’s Date \_\_\_\_\_\_\_\_Male/Female

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email |  |
| Employment: |  |

 (Full Time / Part Time / Unemployed / Retired / disabled)

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  | Marital Status: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program: | **Drug Court\_\_\_\_\_ Probation\_\_\_\_\_** |  | (check one) |

|  |  |  |  |
| --- | --- | --- | --- |
| Convictions: |  |  |  |
| Probation: |  |  Time remaining: |  |
| Do you have reliable transportation?  |  |  |  |
| Probation Officer: |  |  Location: |  |
| Summary of Orders: |  |  |  |
|  |  |  |  |

 **Mentor Assigned: (Fresh Start to fill in) Date:**

If selected for mentoring, I intend to complete the 12 sessions, one hour per week. If going through Drug Court, I understand that Judge Todd has ordered me to Fresh Start Mentoring. I intend to complete mentoring.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_