

ARROWHEAD CENTER, INC.

505 12th Ave. W.
Virginia, MN 55792
(218) 749-2877

D.W.I. CLINIC REGISTRATION (PLEASE PRINT)

Name _____ Date of Birth _____ Age _____

Address _____ Telephone # _____

City _____ State _____ Zip _____ Driver's License # _____

Court Case# _____ Offense _____ Date of Offense _____

Who referred you to the DWI Clinic (Probation Officer) _____

Referral's Address _____

Referral's Phone Number () _____

Have you attended a prior DWI Clinic: _____ Where _____

Sex _____ Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Education (Circle highest grade completed): 6 7 8 9 10 11 12, GED, College 1 2 3 4 4+

Race: American Indian _____ Asian _____ Black _____ Caucasian _____ Mexican _____ Other _____

Occupation _____ Employer _____ Yrs. _____

For Office Use Only:

Report to Referral

Clinic # _____ Fee Paid: Amount _____ Date _____ Receipt # _____

Attended DWI Clinic on _____

Grade on Final Quiz _____

Comments/Recommendations: _____

DWI Clinic Facilitator