



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 specific treatment needs 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, may result in a denial to attend the treatment program by the Interstate Compact Administrator under the authority of 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 Colorado? YES or NO
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. Do you have court ordered treatment conditions as part of an alternative sentence outside of the State of Colorado? YES or NO
4. Are you under probation or parole supervision in any other state? YES or NO

If YES to questions 3 or 4 above, please answer the following questions(5-7) and complete Form A, Form B, a release of information, and provide any court or diversion order. Submit all forms and documentation back to your intended treatment provider. In addition, you may also be required to appear at a law enforcement agency for fingerprinting and photographing.

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

