



**The Seventy Times Seven Wellness Mission**  
2107 N Charles St\* Baltimore MD 21218 \* 410-624-5037 (office) \* 800-405-6914 (fax)

## DWI/DUI EDUCATION REFERRAL FORM

### *Client Information:*

**Client Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Address, City, State, Zip

**Date of Birth:** \_\_\_\_\_ **SS#** \_\_\_\_\_

### *Referral Source Information:*

**Self Referral?**  Yes  No

**Referral Source Name:** \_\_\_\_\_

**Referral Source Address:** \_\_\_\_\_  
Address, City, State, Zip

**Relationship to Applicant:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

### *Client Details:*

**Do you have an attorney?**  Yes  No

**Are you on probation?**  Yes  No (if YES, please provide the probation agents information)

**Probation Agents Name:** \_\_\_\_\_

**Probation Agents Phone Number:** \_\_\_\_\_



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**Date of last arrest:** \_\_\_\_\_ **Date of last court hearing:** \_\_\_\_\_

**Is your driver's license currently valid?**  Yes  No

**Which class is preferred?**  Morning  Afternoon  Evening

*\*Once this form is completed, either fax this form to 800-405-6914 Attn: Intake Coordinator*

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

(Signature of the person completing this form)