



**DUI Program**  
Risk Reduction Educational Services

# DUI Level 2 Enrollment Form

First Name	
Middle Name	
Last Name	
Address	
City	
State	Zip
Home Phone	
Work Phone	Ext
Mobile Phone	
Email Address	
Emergency Contact Phone	
Emergency Contact	
Emergency Contact Address or Relationship	
Your County of Home or Work	
How did you Hear of Our Program?	
Attorney	Court Order
DHSMV Order	Friend
Law Enforcement Officer	Mailer
Insurance Company	Other
Disability	

Today's Date
Social Security Number
Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

PLEASE SELECT ONE	
Married Status	Race
Married Never Married Divorced Widowed Living Together Separated Other	Asian Black Hispanic Native American White Other
Education	Military Experience
8 <sup>th</sup> Grade or Less Some High School GED HS Graduate Some College Tech / Business College Grad Professional Grad	Air Force Army Coast Guard Marines National Guard Navy Other Country None

Job / Occupation
Place of Employment

Florida Driver License #

F	L	-	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ]
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Initials of State and Out of State DL# (if licensed out-of-state)

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**Complete as Applicable**

Citation #
Charge
Arrest Date (Citation)
County & State of Arrest or Citation

Court Date	Case #
Judge	
Probation Officer	
Probation Officer Phone # and Address	

Were you involved in an accident for this offense?  Yes  No  
 Is your license currently suspended or revoked?  Yes  No  
 Do you have a valid medical marijuana card?                      Yes    No  
 If yes, list the expiration date: \_\_\_\_\_

B.A.L. (Blood Alcohol Level) \_\_\_\_\_ Refused   
 Number of Previous DUI Citations \_\_\_\_\_  
 # of Previous Reckless Driving with Alcohol Involvement \_\_\_\_\_



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**DUI Program**  
*Risk Reduction Educational Services*

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Dear client:

To ensure the completeness and accuracy of your evaluation, it is necessary that we gather as much relevant information as possible. To assist us in this task please complete the attached questionnaire, client rights and responsibilities and the separate Driver Risk Inventory answer sheet, as completely and honestly as possible. Failure to completely answer all of the questions will result in your not being accepted for enrollment in the DUI Program. You may be contacted to return to re-take the Driver Risk Inventory Questionnaire if the results indicate an *"invalid test"* for one of several reasons: reading impairment; emotional stress; trying too hard; or guessing, when there are no "good" or "bad" answers; or, providing false information.

The DUI Program will not discuss your file or attendance with parents, spouses, children or attorneys. **You** must ask questions *in person*. No specific information can be given out by telephone.

Thank you for your cooperation,

Bridgeway Center, Inc.  
DUI Program

1. My name is \_\_\_\_\_  
First Name Middle Name Last Name

2. I was born in \_\_\_\_\_  
City State/Country

3. My general health is  Good  Fair  Poor

4. Have you ever been convicted of a traffic offense, which was Reduced or Amended from an original charge of Driving Under the Influence of alcohol or drugs (DUI, DWI, BUI, or OWI)? How many times? \_\_\_\_\_ What was the date(s) of the Court disposition? \_\_\_\_\_  
In what states? \_\_\_\_\_

5. I have had a license in the following states:  
\_\_\_\_\_  
\_\_\_\_\_

Example: State Licensed – Years FL 85-87, GA 88-89

6.  This **is** the first time (or)  this **is not** the first time – that I have attended a DUI or DWI school. I have attended other DUI/DWI schools:

\_\_\_\_\_  
Place Date

\_\_\_\_\_  
Place Date

\_\_\_\_\_  
Place Date

7. I take the following medications (prescriptions or over-the-counter):

1. \_\_\_\_\_ Taken for \_\_\_\_\_  
Prescribed by: \_\_\_\_\_ How often \_\_\_\_\_

2. \_\_\_\_\_ Taken for \_\_\_\_\_  
Prescribed by: \_\_\_\_\_ How often \_\_\_\_\_

3. \_\_\_\_\_ Taken for \_\_\_\_\_  
Prescribed by: \_\_\_\_\_ How often \_\_\_\_\_

4. \_\_\_\_\_ Taken for \_\_\_\_\_  
Prescribed by: \_\_\_\_\_ How often \_\_\_\_\_

8. Have you **ever** received treatment from a doctor for emotional problems (depression, anxiety, nerves, etc.)? *Now or in the past*  Yes  No

9. Have you ever had a seizure?  Yes  No Explain: \_\_\_\_\_  
 Do you have diabetes?  Yes  No Explain: \_\_\_\_\_  
 Do you have a heart condition?  Yes  No Explain: \_\_\_\_\_  
 Do you have any allergies that may result in an emergency (foods or medications)?  
 Yes  No Explain \_\_\_\_\_  
 Do you have any other medical problems that may result in an emergency situation?  
 Yes  No Explain: \_\_\_\_\_

10. **Including this arrest**, I have been arrested a total of \_\_\_\_\_ times in my **lifetime**.  
 The number of arrests/tickets where alcohol was involved is \_\_\_\_\_  
 The number of arrests where no alcohol was involved is \_\_\_\_\_  
 The number of arrests/tickets where prescriptions, drugs, or substances *other than alcohol* was involved in my life is \_\_\_\_\_  
 The number of arrests for Driving Under the Influence (DUI, DWI, OWI, DWAI, BUI) of alcohol or other drugs/substances is \_\_\_\_\_  
 My age at my first arrest/ticket was \_\_\_\_\_  
 My age at my first alcohol-related/substance-related arrest/ticket was \_\_\_\_\_

11. Please list the dates (month/year) of your arrests and the charges in your lifetime in all states, not just Florida. List all arrests including this arrest and those reduced to a lesser charge (indicate if case was dismissed or charges were dropped):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

12. I began drinking alcohol – in mixed drinks/beer/wine\* at age \_\_\_\_\_.  
 (\* Does not include wine in religious services \*)

13. Did you ever feel that you might have a drinking problem?  Yes  No  
 Did you ever feel that you might have a problem with drugs?  Yes  No

14. Have you ever been to counseling/treatment for any drinking-related or substance abuse problem?  Yes  No

If yes, when? \_\_\_\_\_

Who did you receive help from? (Check all boxes that apply)

- Family Doctor
- Alcoholics Anonymous
- Narcotics Anonymous
- Friend
- Psychiatrist
- Rational Recovery
- Church/Clergy
- Therapist

Community Agency (specify) \_\_\_\_\_

Other Source of Help (specify) \_\_\_\_\_

15. The following questions apply to the arrest/conviction/reason that brought you to the Bridgeway Center, Inc. DUI Program for enrollment:

Why did the arresting office suspect you were intoxicated or impaired?  
(Examples: weaving, speeding, asleep at the wheel, DUI checkpoint, crash...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My breath alcohol/blood alcohol test results were \_\_\_\_\_ (or) Refusal  
List # (or) Circle

If you refused the breath test or blood test, why did you refuse?

\_\_\_\_\_  
\_\_\_\_\_

Before you were arrested for DUI, had you consumed any alcohol, even non-alcoholic (N.A.) beer/wine, or had you taken any medication or any other type of substances?  Yes  No

Please answer the following:

- a) How much had you consumed/taken? \_\_\_\_\_
- b) What kind of drinks, medication or substances did you consume or take?  
\_\_\_\_\_
- c) Over what period of time? \_\_\_\_\_
- d) Were you taking any kind of medication?  Yes  No
- e) Do you think that the combination affected you driving?  Yes  No

At the time of your arrest, did you believe you were able to safely operate a motor vehicle?

Yes  No

At the time of you arrest, could you feel the effects of the alcohol and/or drugs?

Yes  No

I have driven \_\_\_\_\_ times in the last year after consuming alcoholic drinks, but still felt able to drive safely home.

There was a crash/accident (or)  There was not a crash/accident involved in this arrest.

16. How much responsibility do you feel you should take for the events that led to this DUI arrest?

- No responsibility at all
- Little responsibility
- Some of the responsibility
- Most of the responsibility
- All of the responsibility

17. Do you think it was fair for you to be arrested for this DUI?

- Not fair at all
- Slightly fair
- Somewhat fair
- Mostly fair
- Entirely fair

18. My license at the time was  valid (or)  suspended (or)  revoked.

19. My license  has been or  has *never* been – suspended/revoked in the past.

Number of times suspended/revoked: \_\_\_\_\_

Reason: \_\_\_\_\_

20. I regard myself as (please check one):

- a social drinker
- a moderate drinker
- a heavy drinker
- a somewhat heavy drinker
- an occasional drinker
- other \_\_\_\_\_

21.  I am always able (or)  I am not always able to control my drinking and my actions when drinking.

22. As a result of this arrest, my license has been suspended for \_\_\_\_\_ months/years (please circle the correct time frame – months or years).

These answers have been completed by  \_\_\_\_\_  
Print name here

On \_\_\_\_\_  
Month      Day      Year

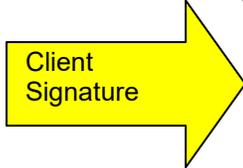
If an interpreter or reader was used to assist with asking and answering these questions, the person who assisted will sign below.

\_\_\_\_\_  
Interpreter or Reader Printed Name

\_\_\_\_\_  
Interpreter or Reader Signature

AFTER COMPLETING, PLEASE GO BACK TO THE START AND MAKE SURE THAT **ALL** QUESTIONS ARE ANSWERED COMPLETELY.

**THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.**



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DUI Program Representative

\_\_\_\_\_  
Date



Bridgeway Center

DUI Program

Risk Reduction Educational Services

## Service Policies & Client Responsibilities

### Service Policies & Client Responsibilities

As a client of Bridgeway Center, Inc., you are entitled:

1. To be treated courteously, with dignity and respect.
2. To be given essential information about:
  - a. The person(s) responsible for your services, their professional qualifications and their specific qualifications to provide the services you receive.
  - b. The results of your evaluation.
  - c. If referred for counseling, the list of approved treatment providers; you will be free to choose one of the providers on the list.
3. To refuse service at any time without penalty. However, if you have been ordered to service by the court or law enforcement, you will be informed of the consequences of your refusal.
4. To have all service kept confidential, within the law. The law requires that if you are in clear and imminent danger of suicide or a threat to others, your counselor must communicate with the proper authorities and individuals. Bridgeway Center DUI Program must surrender with or without your consent, records lawfully requested. Under the law, certain Department of Children and Families authorities have the right to check Bridgeway Center records.
5. To be informed of your rights and responsibilities, assistance to reasonably exercise your rights, and to use our complaint/appeal system for the resolution of conflicts. Please ask anyone at Bridgeway for a list and description of your rights. We have, also, located copies of the Department of Children and Families poster entitled "Know Your Rights" throughout our facilities. Bridgeway will be responsive to your concerns; please help us by completing our satisfaction surveys when asked to do so.

**A few of your responsibilities as a client include:**

*(You have to be honest with us and follow our rules, and we expect you to participate in services.)*

1. Open and honest communications with the Bridgeway Associates serving you.
2. Completing the schedule you have been assigned or calling and rescheduling within the specified time frame.
3. Pay any additional fees you incur at the time they are requested.

Bonnie Barlow, SPHR, SFRM-SCP  
Chief Executive Officer

Last Modified 2/12/2021

### HIV Policy Statement

*(HIV/AIDS affects the body's ability to fight off infections. Because alcoholics and addicts may be involved in casual sex or share needles, they are more likely to have HIV/AIDS. Recent weight loss, tired easily, short of breath, body aches or having sores are all symptoms of HIV/AIDS. If you are shooting drugs, you should stop immediately and complete treatment. We can evaluate you and if you have a contagious disease, and if you want us to, we will help you find counseling or treatment for that disease. We will not discriminate against you or refuse you treatment because of any contagious disease.)*

As a client of Bridgeway Center, Inc., you must understand that Bridgeway accepts and will not discriminate against HIV Positive persons for mental health and alcohol/drug abuse treatment and will not discriminate against employees or in its hiring practices against a HIV positive person.

Any knowledge of the presence of the virus will be handled with confidentiality in accordance with federal and state laws and to the degree clinically practical. You will have the opportunity to ask questions regarding these issues and HIV-related risks involved.

You must understand that infringement of program rules, i.e., sex on premises, drugs on premises and violent behavior, can place you at risk for infection from communicable diseases to include hepatitis, gonorrhea, syphilis or HIV. NOTE: There are two recommended sources for assistance and information outside of Bridgeway Center: (1) AIDS HOTLINE 1-800-FLA-AIDS and (2) Department of Children and Families County Public Health Units which provide confidential and anonymous testing, and who also distribute AZT, a life prolonging drug.

### Complaint/Grievance System

If any issue is not satisfactorily resolved or explained, you may address your concerns to management staff:

Program Manager 200-0130  
Solutions Line 314-1215

Any issue submitted in writing will be responded to in writing within 5 business days. This process does not supersede the right of a patient to file a complaint with external agencies such as:

Department of Children & Families Program Office  
(850) 595-8385

Upon request, DUI PROGRAM staff will assist clients with contacting the external agency of their choice. It is the intent of the DUI PROGRAM to provide quality and caring services; the complaint system is designed to further this objective. Please share with us any issue that you feel is contrary to this goal.

**Confidentiality Issues**

Records may not be disclosed without the written consent of the client to whom they pertain except under the following conditions.

- a. To medical personnel in an emergency;
- b. To the other service provider personnel only if such personnel need to know the information in order to carry out duties relating to the provision of services;
- c. To the secretary of the department or his/her designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the patient's name and other identifying information will not be disclosed;
- d. During the course of review of records on DUI PROGRAM property by persons who

are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payer providing financial assistance or reimbursement to Bridgeway Center, Inc.;

- e. Upon court order based on application showing good cause for disclosure;
- f. Restrictions do not apply to communications between DUI PROGRAM staff and law enforcement officers which;
  - (1) are directly related to a patient's commission of a crime on Bridgeway Center property or against staff or to a threat to commit such a crime; and
  - (2) Are limited to the circumstances of the incident
- g. Restrictions on disclosure and use do not apply to the reporting of incidents of suspected child abuse and neglect or abuse of an elderly or disabled adult to the appropriate state and local authorities as required by law.
- h. Any answer to a request for a disclosure of patient records, which is not permissible under Ch. 397.501 Florida Statute, or under the appropriate federal regulations, must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. This does not restrict a disclosure that a patient is not and never has been a patient.

**Medical Emergencies**

In case of an emergency, staff is trained to function as First Responders. This means that appropriate basic first aid (to include CPR) will be administered upon the discovery of a medical emergency.

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DUI Program Representative

Date

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Client Signature



**DUI SCHOOL REGISTRATION**  
**YOU MUST HAVE ALL OF THE FOLLOWING TO REGISTER FOR DUI CLASSES**  
Pre-Registration & Class Schedule available at: [bridgewaycenter.org](http://bridgewaycenter.org)

Effective 10/1/2025 Level I \$360.00\*\* Cash, Money Order, or \*Credit Card  
\*Add \$12.50 Credit Card Service Fee  
For students who have had only one DUI arrest and never attended DUI school in their lifetime

Effective 10/1/2025 Level II \$532.00\*\* Cash, Money Order, or \*Credit Card  
\*Add \$17.00 Credit Card Service Fee  
Any student who has had more than one DUI arrest or has previously attended DUI School at anytime, in any state, in their lifetime.

\*\* Includes: \$15.00 State Assessment Fee, \$5.00 DRI Fee, \$4.00 Breath Test Fee (Level I) or \$6.00 Breath Test Fee (Level II), \*\$16.00 FL Driving Record (Optional) \*\$16.00 credit will be applied if you bring in your certified FL lifetime driving record at the time of enrollment. The driving record must be obtained at the DHSMV and be **no more than 30 days old**.

DHSMV Administrative Rule 15A-10.025 – Level II course – (2) – “Attendance shall be determined (a) if the person has previously attended the Level I class or (b) has been convicted two or more times of an offense requiring program attendance. (c) If attending pre-conviction status, attendance at Level II will be made if Level I has already been completed. (d) If a client is convicted of another offense while attending the Level I program, he/she must complete both the Level I and the Level II program before receiving a certificate of compliance”.

- Ticket or Citation
- DUI or BUI Arrest Report and Probable Cause Documentation
- Court Order/Probation Order

These are all available at the **Clerk of Court** in the county in which you were arrested.  
**NOTE:** if you were arrested in Walton County request your “Arrest Packet”. **When obtaining your packet, please make sure two-sided forms are copied correctly** for out-of-county/out-of-state-arrests, you may have the Clerk of Court fax/mail (at their discretion) the information directly to Bridgeway Center, Inc. DUI Program

- Photo ID (Driver’s License/State ID, Passport, or Military ID)
- Lifetime Driving record You can obtain an official driving record by contacting Dept. of Motor Vehicles in the State in which you were licensed.

**Make sure you take a copy of your enrollment form to your Probation Officer.**

**YOU MUST EITHER LIVE, WORK OR ATTEND SCHOOL IN OKALOOSA OR WALTON COUNTY TO ATTEND BRIDGEWAY DUI PROGRAM IN FORT WALTON BEACH**  
(i.e. if you live and work in Santa Rosa County you must receive a transfer letter from the Lakeview Center DUI Program in order to attend Bridgeway Center’s DUI School)

Bridgeway Center, Inc. DUI Program  
137 Hospital Drive, Fort Walton Beach  
Phone: (850) 200-0130 Fax: (850) 833- 9150

**Registration hours 9am-11am or 1pm-3pm Monday- Thursday, Closed for lunch 12pm-1pm**  
**(Allow 1.5 hour to register)**