

Dove United Counseling & Assessment Services

Providing DWI Assessments and DWI services to the citizens of Eastern NC

Referral Form

Client's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Date of offense: _____

County of offense: _____

Number of prior offenses: _____

Number of prior convictions: _____

Next Court Date: _____

Copy of Court Order for services:	Yes	No
Copy of Certified Complete Driving History <i>(if available)</i> :	Yes	No
Copy of Valid Identification (State issued):	Yes	No

(If yes, please fax with referral form)

Service(s) Desire: Substance Use Assessment Education/Treatment

*****Staff Only*****

Date of scheduled appointment: _____

Form of Payment: Cash Money Order Paypal (email required)