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DEMOGRAPHIC DATA SHEET

(Fill in appropriate responses)

Referral: Attorney Court Secretary of State Self Other

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Date of Birth: _____ Age: _____ SS#: _____

DL#: _____ Out of State DL #: _____

Sex: Male Female Citizenship: USA Citizen Non-USA Citizen Unknown _____

Race: American Indian/Alaskan Native Black or African American White Asian
 Native Hawaiian or Other Pacific Islander Other _____

Hispanic Origin: Central/South America Mexican/Mexican American Other Hispanic
 Unknown Cuban Not Hispanic Puerto Rican _____

Primary Language: African Arabic Bosnia Chinese English French
 German Hindi Indian/Asian Korean Polish Russia
 Sign Lang. Spanish Urdu Vietnamese Other Unknown

Interpreter Services: Services Not Required Foreign Language American Sign Language

Marital Status: Divorced Married Never Married Separated Widowed Unknown

Education Level: Under 7 years Junior High School High School Grad GED
 Some College, No Degree Associate's Degree Bachelor's Degree
 Master's Degree or Higher Unknown

Employment status: Disabled Unemployed/lay-off Retired Student
 Employed Full-Time (Unsubsidized) Employed Part-Time (Unsubsidized)

Occupation: _____ **Employer:** _____

Annual Household Income: \$ _____ **# of Dependents:** _____

Religion: Atheist Buddhism Catholic Christian Hinduism
 Islam Judaism Non-Religious Unknown Other _____

Emergency Contact: _____

Physical/Mental Disability: _____

None of your provided information will be disclosed to any outside agency except licensing body.

Client

Date

Bette L. Hunt, LCPC, CADAC

Date