



STATE OF NEW YORK
UNIFIED COURT SYSTEM
CRIMINAL COURT OF THE CITY OF NEW YORK
 100 CENTRE STREET
 NEW YORK, NEW YORK 10013
 (646) 386-4700

DWI SCREENING AND ASSESSMENT
PROVIDER RESPONSE FORM

Provider Name: _____ Contact Person: _____
 Address: _____ Telephone Number: _____

 City/State/Zip: _____ Email: _____

Provider would like to provide screenings and assessments for NYC Criminal Court defendants in the following manner(s):

(check all boxes that apply)

Off-site referrals

Provider would like to be included on Criminal Court's Local Provider List. Provider understands that defendants ordered to complete a DWI screening and assessment may choose any provider included in the OASAS DWI Screening and Assessment Provider Listing and that Criminal Court's Local Provider List is not meant to supplant the OASAS Listing but rather aid defendants in finding qualified local Providers.

On-Site screenings and assessments

Provider volunteers to conduct screenings and assessments at NYC Criminal Court courthouses. Provider understands that it may not charge either the defendant or the Court for services provided at the courthouse and that scheduling preference will be given to Providers able to staff court sessions for continuous time periods. Provider volunteers to provide DWI screenings for the following courthouse(s) and session(s):

Brooklyn (120 Schermerhorn St)	Manhattan (100 Centre St)	Queens (125-01 Queens Blvd)
<input type="checkbox"/> Weekday AM (9AM-5PM)	<input type="checkbox"/> Weekday AM (9AM-5PM)	<input type="checkbox"/> Weekday AM (9AM-5PM)
<input type="checkbox"/> Weekday PM (5PM-1AM)	<input type="checkbox"/> Weekday PM (5PM-1AM)	<input type="checkbox"/> Weekday PM (5PM-1AM)
<input type="checkbox"/> Weekend AM (9AM-5PM)	<input type="checkbox"/> Weekend AM (9AM-5PM)	<input type="checkbox"/> Weekend AM (9AM-5PM)
<input type="checkbox"/> Weekend PM (5PM-1AM)	<input type="checkbox"/> Weekend PM (5PM-1AM)	<input type="checkbox"/> Weekend PM (5PM-1AM)
Red Hook (88-94 Visitation Pl)	Midtown (314 W. 54 th St)	Richmond (67 Targee St)
<input type="checkbox"/> Weekday AM (9AM-5PM)	<input type="checkbox"/> Weekday AM (9AM-5PM)	<input type="checkbox"/> Weekday AM (9AM-5PM)
		<input type="checkbox"/> Weekday PM (5PM-1AM)
		<input type="checkbox"/> Weekend AM (9AM-5PM)

Please complete and return Response Form by February, 27, 2008. Forms may be submitted by FAX (212) 374-3004, by email to rewest@courts.state.ny.us or by mail, Criminal Court of the City of New York, DWI Survey, 100 Centre Street, Room 539, New York, NY 10013