



# RESULTS OF COURT ORDERED ALCOHOL AND SUBSTANCE ABUSE SCREENING AND/OR ASSESSMENT

This information is protected by federal and state confidentiality laws and may only be disclosed pursuant to Federal Confidentiality Rules (42 C.F.R. Part 2) and VTL 1198-a(6).

PEOPLE OF THE STATE OF NEW YORK  
against  
\_\_\_\_\_

County/Court: \_\_\_\_\_

Return Part: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Agency/  
Lic. Professional: \_\_\_\_\_

Date appointment made: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) Defendant seen: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type(s) of services completed:  
1  screening only (complete Section 1 only);  
2  assessment only (complete Section 2 only);  
3  screening and assessment (complete Sections 1, 2 and, when appropriate, 3).

Contact Person: \_\_\_\_\_

Defendant given copy of results:

Telephone: \_\_\_\_\_

4  yes  
5  no

I certify that the agency/licensed professional listed above is authorized by the NYS Office of Alcohol and Substance Abuse Services (NYS OASAS) to conduct screenings and assessments for alcohol and substance abuse and dependency, pursuant to section 1198-a of the vehicle and traffic law; and

### Section 1: Screening Results

the agency/licensed professional listed above has administered a screening for alcohol or substance abuse and dependency to the above-captioned defendant using an OASAS authorized screening instrument and determined that said defendant:

6  is not abusing or dependent upon alcohol or drugs; or

7  is abusing alcohol or dependent upon alcohol or drugs and requires further assessment.

### Section 2: Assessment Results

the agency/licensed professional listed above has conducted an assessment for alcohol or substance abuse and dependency of the above-captioned defendant and determined that said defendant:

8  does not require treatment for alcohol or substance abuse dependency; or

9  is abusing alcohol or dependent upon alcohol or drugs and needs treatment for alcohol or substance abuse or dependency (*complete Sec 3*).

### Section 3: Treatment Recommendation *(complete only if Box #9 is checked)*

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

False Statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specify court to which results are being faxed:

- Kings (718) 643-5234       Queens (718) 520-4712       Midtown (212) 484-2791
- New York (212) 374-5293       Richmond (718) 390-8405       Red Hook (718) 923-8269