

Houston Center for Sobriety

Public Intoxication—Jail Diversion

DATE: ____ / ____ / ____ TIME: _____ INCIDENT #: _____

LAST NAME _____ FIRST _____ M: _____ DOB _____

SSN _____ SEX _____ AGE _____ RACE _____ ID # _____ STATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOMELESS ☐ HOME PHONE _____ WORK PHONE _____

PHYSICAL CONDITION _____

U.S. MILITARY VETERAN? YES ☐ NO ☐ ALIAS (NICK NAME) _____

		EMPLOYEE #	BADGE #	UNIT #	HPD	OTHER
OFFICER (S)	1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2.	_____	_____	_____	_____	_____
TRANSPORT OFFICER (S)	1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2.	_____	_____	_____	_____	_____

INCIDENT LOCATION _____ DISTRICT / BEAT _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

DETAILS OF INCIDENT _____

*** FOR OFFICER USE ONLY ***

MUNICIPAL CHARGES? YES ☐ NO ☐ (WRITTEN CITATION ONLY) CITATION # _____

WAS THERE ANY OTHER CLASS 'B' OR HIGHER CRIMINAL CHARGES REFUSED BY THE D.A. OFFICE? YES ☐ NO ☐

IF YES, NAME OF A.D.A. REFUSING CHARGES: _____

OFFENSE TYPE: _____

Reminder: No DWI's Accepted at the Sobering Center