

STATE OF GEORGIA

Judge Alvin T. Wong
Judge Dax E. Lopez
D.U.I. Court Judges



Samantha Whaley
D.U.I. Court Program Coordinator
Lois Michalove
D.U.I. Court Treatment Coordinator
3630 Camp Circle, Suite 101
Decatur, GA 30032
404-294-2510 - Office
404-294-2513 - Fax

DeKalb County D.U.I. Court
Supervised Treatment Program

APPLICATION/INTAKE FORM/CRIMINAL HISTORY CONSENT

The DeKalb County DUI Court Supervised Treatment Program is designed to offer treatment to multiple DUI offenders. Please be aware that the DeKalb County DUI Court Supervised Treatment Program is an intensive program that addresses substance abuse and recovery. Participation in the program requires COMPLETE dedication on the Participant's part.

Name: _____ DOB: _____ CASE # _____

SS#: _____ Maiden Name: _____ Male/Female _____

Driver's License #: _____ Born in what state: _____

- Ethnicity: [] American Indian or Alaskan Native
[] Asian
[] Black/African American
[] Hispanic/Latino or Spanish Origin
[] Middle Eastern or North African
[] Native Hawaiian
[] White
[] Other race/origin (Specify) _____
[] Two or more races/origins (Specify) _____ & _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

I understand that I am being considered as a Participant in the DeKalb County DUI Court Supervised Treatment Program and I hereby give permission to the DeKalb County State Court Probation Department to run my complete criminal and traffic history for participation approval purposes only. I also consent to the communication among the DeKalb County DUI Court Supervised Treatment Program Team, State Court Probation and my attorney and that they may discuss any specific information pertaining to my acceptance or denial into this program.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Applicant's Name: _____ Case #: _____

Home Phone #: _____ Cell: _____ Other: _____

Email address: _____

Marital Status: Married Not Married/Living Together Divorced Separated
 Widowed Single (never legally married) Other _____

Current status of your Driver's License? _____

Are you currently on parole/probation anywhere else? Yes / No

If yes, where and for what charges: _____

Have you ever participated in a DUI Court/Substance Abuse Program before? Yes / No

If yes, when: _____ where: _____

Did you complete the program? Yes / No

What is the last grade you completed (be specific)? _____

Are you currently attending school/classes? Yes / No

Do you have a degree or certification? Yes / No If yes, please list _____

Are you retired? Yes / No Are you on disability? Yes / No

Are you currently employed? Yes / No Full-Time or Part-Time? _____ How many hours? _____

Name of Employer _____ How long? _____

What is your yearly current income?	[Under \$999]	[\$1,000 to \$4,999]
	[\$5,000 to \$9,999]	[\$10,000 to \$14,999]
	[\$15,000 to \$19,999]	[\$20,000 to \$24,999]
	[\$25,000 to \$34,999]	[\$35,000 to \$44,999]
	[\$45,000 to \$54,999]	[\$55,000 to \$64,999]
	[\$65,000 to \$74,000]	[\$75,000 or higher]

If not employed, how do you intend to pay for the program? _____

Are you a Veteran or do you have any prior military experience? Yes / No

If yes, what branch?

Army Navy Air Force Marines Coast Guard Reserves

Applicant's Name: _____

Case #: _____

*****OFFICIAL USE ONLY*****

- Criminal History Received on _____
- Does the Applicant Qualify? Yes / No
- Accept Applicant with the following conditions:

- Decline Applicant for the following reason(s): _____

and return case to Division _____.

Samantha Whaley, Program Coordinator

Date: _____