

STATE OF GEORGIA

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



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

DEKALB COUNTY DUI COURT PROGRAM APPLICATION

The DeKalb County DUI Court Supervised Treatment Program is designed to offer treatment to multiple DUI offenders. **To be considered for the program you must complete this application and pay the assessment fee of \$50.00 (cash or money order) prior to your assessment interview.** 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 _____

Aliases: _____ Born in what state: _____

Ethnicity: African American – Hispanic/Latino – Middle Eastern/North African –
(circle one) White/Caucasian – Two or more races _____ Other _____

Height: _____ Weight: _____ Driver's License #: _____

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
(circle one) Widowed – Single (never legally married) – Other _____

How many children do you have under the age of 18? _____ Over 18? _____

Were your parental rights ever terminated? _____ If yes, when? _____

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

Other than alcohol, what other drugs do you use (legal or illegal)? _____

When was the last time you used? _____

At what age did you began using alcohol? _____ Drugs: _____

How many DUIs have you been arrested for? _____ Convicted for? _____

Please list the year of each conviction: _____

Have you ever been arrested / charged with any of the following? Yes / No (if yes, please list year)

Burglary _____ Drug Sales _____ Trafficking _____ Violent Offenses _____

Sex Crimes _____ Possession with Intent _____

Are you currently on any prescribed medications? Yes / No

If yes, what? _____

Have you ever taken any prescribed medications for anxiety, depression, stress or psychological issues? Yes / No

If yes, what medications? _____

Applicant's Name: _____

Case #: _____

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 currently employed? Yes / No If yes, do you work Full-Time or Part-Time? _____

If Employed, where? _____

Address of Employer: _____ Phone #: _____

Supervisor's Name: _____ Your Title: _____

What is your yearly current income? (circle one)	[None]	[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]

How long? _____ Is your employer aware of your current legal situation? Yes / No

Salary: _____ an hour / month / year

How many hours per week do you work?

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? _____

Please explain why you feel that the DeKalb County DUI Court Supervised Treatment Program is appropriate for you. _____
