

STATE OF GEORGIA

Judge Alvin T. Wong
Judge Kimberly K. Anderson
Judge Ana Maria Martinez
D.U.I. Court Judges



Samantha Whaley
D.U.I. Court Program Coordinator
3630 Camp Circle, Suite 101
Decatur, GA 30032
404-294-2510 - Office
404-738-1381 - Fax
swhaley@dekalbcountyga.gov

DeKalb County D.U.I. Court Program

APPLICATION/INTAKE FORM/CRIMINAL HISTORY CONSENT

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

Name: _____ Other Name/Maiden: _____

DOB: _____ CASE #: _____ Gender: _____

Driver's License Number: _____ Ethnicity: _____

Current Address: _____, GA. _____

How long have you lived at this address? _____ What State were you born in: _____

Phone #: _____ Email address: _____

Marital Status: _____ Are you currently on parole/probation anywhere else? _____

If yes, where: _____

What is your Attorney's name and phone number? _____

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 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. By completing and submitting this online document I agree that the timestamp indicated below serves as my official signature.

Print Name

Signature

Date

Have you ever participated in a DUI Court/Substance Abuse Program before? _____

If yes, what is the name of the program and the approximate date you attended? _____

Did you successfully complete the program? _____

Employment Status: _____ Date employment status started? _____

Name of your Employer: _____

What is your annual income level: _____

What is the last date you attended school: _____

What is your highest level of education: _____

Were you in the military: _____

If yes, what branch? **Capacity:** _____

At what age did you begin to use alcohol: _____

At what age did you begin to use Drugs: _____

What is your drug of choice: **1st:** _____, **2nd:** _____,

3rd: _____

Staff Notes: _____

Date of Decision _____ **Accepted** _____ **Denied** _____ **Letter Sent**