Office use
Amount Paid: $265_____

Hope Council on Alcohol & Other Drug Abuse

Drug/Alcohol Accountability Program (DAAP) Registration Form

The information on this form will be kept confidential and will be used only as a part of your educational program.

12-hr alcohol and other drug class needed before _____ (next court date)

Name: _____ _____
First Middle Initial Last Today's date

Permanent Address: _____
Address City State Zip Code

Date of Birth: _____ Age: _____ Male or female? _____ Race: _____

Phone: (_____)_____ ***e-mail (required):** _____
*You will receive your confirmation of enrollment via e-mail

1st Court Date: _____ Next Court date: _____

Check one: City of Kenosha Municipal court _____ Kenosha County Circuit court ____ other court (specify):_____

Education: Highest grade completed _____ High school diploma? Yes / No

Living Arrangement: (Mark one of the following)
____Living with parents
____Living in private residence w/o parents
____Living in dormitory
____Other, please note _____

Employment Status: (Mark those that apply)
_____Employed Full-Time
_____Unemployed, but looking
_____Part-time student
_____Employed Part-Time
_____Unemployed, not looking for work/disabled
_____Full-time student

Have you received any prior alcohol or other drug citations in any county or state in the U.S., even while underage?
_____yes _____ no Please explain _____

Have you received any prior alcohol or other drug offenses (either through school, or athletics, etc.), even while underage?
_____yes _____ no Please explain _____

Have you received any prior education, counseling, or treatment specific to your own alcohol and/or other drug use, even while underage?
_____yes _____ no Please explain _____

Send this completed form, along with a copy of your citation
and a check or money order for $265 for the 12 hour class, payable to Hope Council, to5942 6th Avenue, Kenosha, WI 53140

* www.hopecouncil.org * info@hopecouncil.org
* 5942 6th Avenue, Kenosha, WI 53140-4108 * 262.658.8166 * 262.658.8210 (fax)