



Office use Amount Paid: \$265 _____
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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 MI Last Today's date

Permanent Address: _____
 Address City State Zip Code

Date of Birth: _____ Age: _____ Male Female Race: _____

Phone: (_____) _____ *Email (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: (Mark one of the following)

Highest grade completed _____ HSED/GED Some college/voc/tech school Bachelor's Degree

Living Arrangement: (Mark one of the following)

____ Living with parents _____ Living in dormitory
 ____ Living in private residence w/o parents _____ Other, please note _____

Employment Status: (Mark those that apply)

____ Employed Full-Time _____ Employed Part-Time
 ____ Unemployed but looking _____ Unemployed, not looking for work/disabled
 ____ Part-time student _____ 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/money order for \$265 for the 12 hour class, payable to Hope Council, to 5942 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)