



Office use
Amount Paid: \$175 _____
\$265 _____

### Underage Drug/Alcohol Accountability Program (UDAAP) Registration Form

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

**First class-date of choice:** \_\_\_\_\_ **Check one:**  8-hr alcohol class  12-hr other drug class

**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

**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.?  
\_\_\_\_ yes \_\_\_\_ no Please explain: \_\_\_\_\_

Have you received any prior alcohol or other drug offenses (either through school, or athletics, etc.)?  
\_\_\_\_ yes \_\_\_\_ no Please explain: \_\_\_\_\_

Have you received any prior education, counseling, or treatment specific to your own alcohol and/or other drug use?  
\_\_\_\_ yes \_\_\_\_ no Please explain: \_\_\_\_\_

**Send this completed form along with a copy of your citation and a check or money order for \$175 for the 8-hour class OR \$265 for the 12 hour class, payable to Hope Council, to 5942 6th Avenue, Kenosha, WI 53140**