

# HOPE COUNCIL

OFFERING HOPE | HELPING TO HEAL

Office use  
Amount Paid: \$265 \_\_\_\_\_

## 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.?

\_\_\_\_ 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  
**\$265 for the 12 hour class, payable to Hope Council, to 6103 39<sup>th</sup> Avenue, Kenosha, WI 53142**

\* www.hopecouncil.org \* info@hopecouncil.org  
\* 6103 39<sup>th</sup> Avenue, Kenosha, WI 53142 \* 262.658.8166 \* 262.658.8210 (fax)