

HOPE COUNCIL

OFFERING HOPE | HELPING TO HEAL

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 6103 39th Avenue, Kenosha, WI 53142

* www.hopecouncil.org * info@hopecouncil.org
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