

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.

PLEASE PRINT CLEARLY

First class-date of choice: _____ Check one: 8-hr alcohol class 12-hr other drug class

Name: _____
 First MI Last SSN (Last 4 Digits ONLY)

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

YOU MUST PROVIDE A COPY OF YOUR CITATION IN ORDER TO RECEIVE CREDIT FOR THIS COURSE WITH THE COURT.