

STATE OF GEORGIA

Judge Alvin T. Wong  
Judge Kimberly K. Anderson  
Judge Ana Maria Martinez  
D.U.I. Court Judges



Samantha Whaley  
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DeKalb County D.U.I. Court Program

APPLICATION/INTAKE FORM/CRIMINAL HISTORY CONSENT

The DeKalb County DUI Court Program is designed to offer treatment to multiple DUI offenders. Please be aware that the DeKalb County DUI Court Program is an intensive program that addresses substance abuse and recovery. Participation in the program requires **COMPLETE** dedication on the Participant's part.

Name: \_\_\_\_\_ Other Name/Maiden: \_\_\_\_\_

DOB: \_\_\_\_\_ CASE #: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current Address: \_\_\_\_\_, GA. \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ What State were you born in: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Are you currently on parole/probation anywhere else? \_\_\_\_\_

If yes, where: \_\_\_\_\_

What is your Attorney's name and phone number? \_\_\_\_\_

*I understand that I am being considered as a Participant in the DeKalb County DUI Court Supervised Treatment Program and I hereby give permission to the DeKalb County State Court Probation Department to run my complete criminal and traffic history for participation approval purposes only. I also consent to the communication among the DeKalb County DUI Court Program Team, State Court Probation and my attorney and that they may discuss any specific information pertaining to my acceptance or denial into this program. By completing and submitting this online document I agree that the timestamp indicated below serves as my official signature.*

Print Name

Signature

Date

Have you ever participated in a DUI Court/Substance Abuse Program before? \_\_\_\_\_

If yes, what is the name of the program and the approximate date you attended? \_\_\_\_\_

Did you successfully complete the program? \_\_\_\_\_

Employment Status: \_\_\_\_\_ Date employment status started? \_\_\_\_\_

Name of your Employer: \_\_\_\_\_

What is your annual income level: \_\_\_\_\_

What is the last date you attended school: \_\_\_\_\_

What is your highest level of education: \_\_\_\_\_

Were you in the military: \_\_\_\_\_

If yes, what branch? **Capacity:** \_\_\_\_\_

At what age did you begin to use alcohol: \_\_\_\_\_

At what age did you begin to use Drugs: \_\_\_\_\_

What is your drug of choice: **1<sup>st</sup>:** \_\_\_\_\_, **2<sup>nd</sup>:** \_\_\_\_\_,

**3<sup>rd</sup>:** \_\_\_\_\_

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**Staff Notes:** \_\_\_\_\_

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**Date of Decision** \_\_\_\_\_ **Accepted** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Letter Sent**