

School Date: _____

Class Fee: _____

**CADAS
DUI SCHOOL
Registration Form**

PLEASE COMPLETE THE INFORMATION BELOW AND EMAIL IT TO:

pam.cox@cadas.org

Today's Date: _____

First Name Middle Name Last Name

Street Address City State Zip Code

Phone Number Date of Birth Driver's License # (State ID#) State

Social Security Number / / Email Address Attorney

Court Docket# Charge

Judge Officer Agency Arrest Date

Conviction Date Review Date BAC Race Sex

Have you ever received a DUI in another state? _____ If so what state? _____

Is this the first DUI Received? _____

In order to satisfy the requirements of probation, I authorize CADAS to release information concerning my participation in the DUI School to the court of jurisdiction. This remission will expire one year from the date of class.

Signature