

Initial Arrest Date: _____ Contract/Plea Date: _____ GAID#: _____

Ellen S. Golden
Judge, State Court

STATE OF GEORGIA

DUI Court Team
Robert Rogers, Prosecutor
Gee Edwards, Defense Attorney
Jason Reeves, Law Enforcement
Kayla Porter, Probation Officer
Laci Rankhorn, Treatment Provider

Elizabeth Peters
DUI Court Coordinator
elizabeth.peters@lowndescounty.com



Lowndes County DUI Court

327 North Ashley Street
Valdosta, GA 31601
Phone: 229-671-2895 Fax: 229-671-3441

Application

DUI Court is a voluntary, post-conviction, treatment-based program for those who have been convicted multiple times for driving while under the influence of alcohol and/or other drugs. The DUI Court program offers enhanced supervision, counseling, and treatment to help participants function in the community with continuing support. The program lasts a minimum of 15 months; however, most participants will require more than 15 months to complete the program, so a sentence of at least 24 months is mandatory.

If you feel that you meet the criteria and you want to participate in an intensive program to address your substance abuse issues, please fill out this application.

Participant Information	
Name (First, Last, Middle):	DOB:
Social Security Number:	Gender:
Eye Color:	Hair Color:
Height:	Weight:
Ethnicity/Race:	Place of Birth (City & State):
Are you a U.S. citizen? Yes No	Preferred Language:
Email Address:	Cell Phone:
Alias (other names or nick names):	
Driver's License State/Number:	Driver's License Issue Date: _____ Expiration Date: _____
Is your driver's license currently suspended? If yes, why?	Do you have a limited permit? Yes No
Residential Status	
Housing status (circle one): Own Rent Live with family Homeless Staying at a shelter Staying on someone's couch Rehab Facility or Supervised Housing Section 8 Housing Supported Apartments	

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Address:	City/State/Zip:
How long have you lived at the address above?	
Education Information	
Name of High School attended & graduation year:	If you did not graduate high school, what is the highest grade level you completed? Year:
Do you have a GED? Yes or No. If yes, name of institution you received your GED and year you received your GED:	
Did you attend college/technical school? Yes or No	
Name of college or technical school:	Did you graduate? Yes or No. If yes, what year?
Relationship Status	
Marital Status: Single Married Separated Divorced Serious Relationship Widowed	
Date of marriage: _____ / Date of Separation: _____ / Date of Divorce: _____	
Spouses Name:	Address: Phone Number:
Dependents	
How many children do you have?	
Gender and DOB of children: Child #1: _____ Child #2: _____ Child #3: _____	
Do you have custody of your children: Yes or No. If no, who has custody? Child #1: _____ Length of time? _____ Child #2: _____ Length of time? _____ Child #3: _____ Length of time? _____	
Is there any open DFCS case involving your children: Yes or No. If yes, what county is your DFCS case? What is your case mangers name? _____ What is your case number? _____	
Employment/Income Information	
Employment Status (circle one): Unemployed Employed Disabled Retired	
Status start date (when did this status begin):	
If employed, what is your employment type (circle one)? Full time Part time Volunteer Temporary	
Name of employer:	
What is your profession/ current position?	

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How many hours per week do you work?	
What is your hourly rate or weekly pay?	
Do you receive any of the following (circle all that apply): Food Stamps Unemployment TANF WIC Social Security Disability VA Benefits	
If receiving disability, when did you start receiving benefits and what are you receiving disability for?	
How much do you receive each month in disability benefits?	
If receiving Food Stamps, Unemployment, TANF, or WIC, when did you start receiving these benefits and how much do you receive each month?	
Do you pay child support? Yes or No If yes, what is your court ordered monthly obligation? If yes, are you behind on child support payments? If so, how much?	
Do you receive child support? Yes or No. If yes, how much do you receive a month?	
Military Information	
Have you ever served in the Armed Forces? Yes No	Branch of service?
Enlistment date:	Discharge date:
Highest rank received:	Discharge type:
MOS/Job Assignment:	Total deployments:
Discharge reason:	Combat exposure? Yes No
Are you eligible for VA benefits? Yes No Unsure	Conflict Type:
Do you receive service connected benefits from the VA? Yes No	
What percentage of disability do you receive?	
Have you experienced any of the following (circle all that apply)? PTSD Sexual Trauma IED Exposure Traumatic Brain Injury	
List any medals/awards you received:	
Medical Information	
Have you ever been or are you currently receiving treatment for mental health issues? Yes No	
If yes, where?	
List any mental health diagnosis that you have received from a doctor:	
List any medications you are currently taking:	
Name of prescribing doctor:	

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How long have you been taking these medications?				
Are you currently pregnant? Yes No				
What is your first drug of choice?	Age of first use:	Date of last use:		
What is your second drug of choice?	Age of first use:	Date of last use:		
What is your third drug of choice?	Age of first use:	Date of last use:		
How often were you using your first drug choice?	Daily	Weekly	Monthly	Route:
How often were you using your second drug choice?	Daily	Weekly	Monthly	Route:
How often were you using your first third choice?	Daily	Weekly	Monthly	Route:
Have you ever experienced any of the following (circle all that apply): Tremors, Delirium, Overdose, Blackouts, Intravenous (IV) Use				
Does anyone in your family abuse drugs or alcohol? Yes No				
How many times have you been in treatment for substance use prior to this program?				
What kind of treatment (circle all that apply)? Inpatient Outpatient Rehab				
Dates of treatment?				
How long was that treatment?				
Legal Information				
Are you currently on misdemeanor probation? Yes or No. If yes, answer the following:				
What county are on probation in? _____ Probation Officer's Name: _____				
What are the charges? _____				
When were you placed on probation? _____ When does your probation end? _____				
What are the conditions of your probation? _____				

Are you compliant? Yes or No				
Are you currently on felony probation in another county? Yes or No				
If yes, what's your Officer's Name: _____				
Do you have any pending charges? If yes, what is the offense and the county/state?				

Are you currently required to use any of the following (circle all that apply): Interlock GPS Ankle Monitor SCRAM				
Are you need of resources? (Example: food, clothing, bus passes, job leads, child care etc.)				

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- *I hereby attest that the above information is true and correct to the best of my knowledge.*
- *I understand that I am being considered as a participant in the Lowndes County DUI Court Program and I herein give permission to the Lowndes County Court Coordinator to check my criminal and traffic history on a State Certified GCIC terminal for participation approval purposes only.*
- *I consent to the communication among the Lowndes County DUI Court Program team members with my attorney (if applicable) so that all parties may discuss any specific information pertaining to my acceptance or denial into this program.*
- *I understand that the Judge is a part of the team and will be hearing information regarding my case in consideration in being admitted into the program.*
- *I hereby waive my right to be present at any pre-court hearing staffing conference and waive any claims that the Judge has heard any staffing matter ex parte.*
- *I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.*

Applicant signature: _____ Date: _____

Attorney/Witness signature: _____ Date: _____

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Accepted into program Y / N Date: _____

If no, why: _____

Elizabeth Peters, DUI Court Coordinator

Date

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CRIMINAL HISTORY CONSENT FORM

I understand that I am being considered as a participant in the Lowndes County DUI Court Program. I hereby authorize the Lowndes County DUI Court or Lowndes County Solicitor's Office to check my criminal and traffic history on a State Certified GCIC terminal for purposes of screening for DUI Court eligibility.

FULL NAME (PRINT)

ADDRESS

CITY

STATE

ZIP CODE

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE

SIGNATURE

DATE