

Old Dominion Alcohol Safety Action Program
Probation Information form

Name _____
(Last) (First) (Middle) (Sex) (Race)

Physical Address _____
(Where you live now) (Street) (City) (State) (Zip)

Mailing Address _____
(If different from above) (Street) (City) (State) (Zip)

County in Which you Reside _____

Phone: (H) _____ - (W) _____

Social Security number _____ Date of Birth: _____ Age: _____

Marital Status: Married Single Divorced Separated Widowed

Number of Marriages: _____ Number of Children _____ Years of School Completed: _____

Are you a student? Yes / No School _____ Are you employed: Yes / No

Employer: _____ Position _____ FT / PT

Gross Income: (for statistical purposes only) \$ _____ Per Hour Week Month Year

How many full-time employers have you had in the last 10 years? _____

Please list any medical problems or disabilities: _____

Please list any medications you are taking: _____

Concerning this offense: Offense date: _____ Court Date: _____

Court: _____ Attorney: _____ Charge: _____

What was your Blood Alcohol Content (BAC) ? _____ Breath _____ Blood _____ Refusal _____

Prior to this offense, have you ever:

Been convicted of DUI? _____ if so, when and where? _____

Been convicted of Drunk in Public or Drunk & Disorderly conduct? _____ When/Where _____

Been convicted of any Drug related charges? _____ When/Where _____

Been convicted of any criminal offenses? _____ When/Where _____

What was the charge? _____

Received counseling or treatment for an alcohol or drug related problem? _____

If yes , when? _____ Counselor/Doctor/Facility _____

Been referred to an ASAP program? _____ When/Where _____