

**9TH CIRCUIT SOLICITOR'S ALCOHOL EDUCATION PROGRAM (AEP)
INTAKE SHEET**

THE AEP PROGRAM IS A PRIVILEGE. NOT EVERYONE IS OFFERED THIS PRIVILEGE. PLEASE TAKE ADVANTAGE OF THIS OPPORTUNITY TO RESOLVE THE CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME. PLEASE ALSO NOTE AEP IS VOLUNTARY AND YOUR PARTICIPATON IN THIS PROGRAM IS YOUR DECISION. FAILURE TO DISCLOSE PERTINENT INFORMATION MAY RESULT IN YOUR CASE BEING RETURNED BACK TO COURT FOR PROSECUTION. DO NOT SKIP ANY QUESTIONS. IF THE QUESTION DOES NOT APPLY, PUT NONE OR N/A IN THE SPACE PROVIDED FOR YOUR ANSWER.

LAST NAME _____ FIRST _____ MIDDLE _____
JR/III _____

SOCIAL SECURITY NUMBER _____ -- _____ -- _____ HOME PHONE NUMBER(____) _____ -- _____

ADDRESS _____
STREET. P.O.BOX INCLUDE APT.# CITY STATE ZIP CODE

MAIDEN NAME/NICKNAMES: _____ RACE/SEX _____ BIRTHDATE _____

STATE WHERE YOU WERE BORN _____ DRIVER'S LICENSE# _____ STATE _____

FULL TIME STUDENT PART TIME STUDENT NOT A STUDENT (CHECK ONE)

NAME OF COLLEGE, TECHNICAL OR HIGH SCHOOL NOW ATTENDING _____

TOTAL NUMBER OF SCHOOL YEARS COMPLETED: _____ (Ex: HIGH SCHOOL=12)

*****Do you have an attorney for the AEP Charge(s)? Attorney Name:** _____

*****Are you a US Citizen? Yes / No**

ARE THERE ANY OTHER CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME? IF SO, PLEASE LIST:

ARE THERE OTHER CHARGES THAT OCCURRED AT THE SAME TIME THAT HAVEN'T BEEN SENT TO AEP? _____

IF SO, WHAT HAS HAPPENED WITH THE CHARGE(S)? _____

*****IS THIS THE FIRST TIME YOU HAVE BEEN ARRESTED OR GIVEN A CRIMINAL CITATION?** _____

IF YOU ANSWER "NO", LIST ANY CRIMINAL VIOLATIONS OR ARREST(S) SINCE THE AGE OF 17.

PLEASE NOTE: DUS'S (DRIVING UNDER SUSPENSION) AND DUI'S (DRIVING UNDER THE INFLUENCE) ARE CRIMINAL OFFENSES. DO NOT INCLUDE TRAFFIC VIOLATIONS SUCH AS SPEEDING, DRIVING TOO FAST FOR CONDITIONS, etc...)

*****HAVE YOU EVER APPLIED OR BEEN THROUGH PTI/AEP/ADP BEFORE?** _____

THE ABOVE INFORMATION IS CORRECT AND TRUE. I HAVE NO OTHER CRIMINAL HISTORY OTHER THAN WHAT IS LISTED. I UNDERSTAND THAT IF THE ADP RECORD CHECK INDICATED OTHERWISE, I MAY REVOKE MY OPPORTUNITY TO PARTICIPATE IN THE PROGRAM. I ALSO UNDERSTAND THAT ALL FEES I PAY TO THIS PROGRAM ARE NON-REFUNDABLE.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF AEP STAFF: _____

DATE: _____