

Ellen S. Golden  
Judge, State Court

# STATE OF GEORGIA

Stacey Bass  
DUI Court Coordinator  
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**DUI Court Team**  
Cynthia Welch, Prosecutor  
Richard Shelton, Defense Attorney  
Kyle White, Law Enforcement  
Kayla Porter, Probation Officer  
Laci Rankhorn, Treatment Provider

**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 12 months; however, most participants will require more than 12 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.

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### **Personal Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Maiden Name / Aliases: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Where were you born (state): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Length of time at current address: \_\_\_\_\_

Two phone numbers where you can be reached: 1. \_\_\_\_\_ (home)

2. \_\_\_\_\_ (cell)

Are you currently on probation/parole anywhere else?

If yes, where and what are your charges? \_\_\_\_\_

For your current case, describe the circumstances of your arrest (where were you drinking/using drugs, why were you pulled over, breathalyzer result, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary Drug of Choice: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_

Have you ever been to a long term drug or alcohol treatment center? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Name of the center: \_\_\_\_\_

How many DUIs have you been arrested for? \_\_\_\_\_

How many DUI convictions do you have? \_\_\_\_\_

Dates: \_\_\_\_\_

Have you previously been a participant of a DUI Court? (Yes/No) \_\_\_\_\_

If yes, where? \_\_\_\_\_

***Medical History:***

Do you have any major medical problems? \_\_\_\_\_

Are you currently on any prescribed medications? If yes, list them here.

\_\_\_\_\_

What doctor prescribes them?

\_\_\_\_\_

Have you ever taken any prescribed medications for anxiety, depression, stress or psychological issues?

If yes, what medications? \_\_\_\_\_

What doctor prescribes them? \_\_\_\_\_

Please explain why you feel that DUI court is the appropriate sentence for you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Education & Employment:***

Highest Level of Education: : \_\_\_\_\_

Year Completed: \_\_\_\_\_

Do you have a GED: Yes or No

Date GED obtained: \_\_\_\_\_

Are you currently enrolled in school? Yes or No

Full-time or part time? \_\_\_\_\_

Name of School? \_\_\_\_\_

**Criminal History:**

Have you ever been **CONVICTED** with the following?

Burglary: Y or N When\_\_\_\_\_

Drug Sales: Y or N When\_\_\_\_\_

Trafficking or Poss. W/ Intent: Y or N When\_\_\_\_\_

Sex Crimes: Y or N When\_\_\_\_\_

Felony Violent Offenses: Y or N When\_\_\_\_\_

Are you employed?\_\_\_\_\_ If yes, where?\_\_\_\_\_

Start date for current employment: \_\_\_\_\_

What position do you currently hold at your job?\_\_\_\_\_

Work Hours: \_\_\_\_\_

Supervisor's Name and phone number: \_\_\_\_\_

Current Income (annual or hourly) \$ \_\_\_\_\_

Do you have any prior military experience? (Yes/No) \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

- ***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:\_\_\_\_\_

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Accepted into program Y / N Date\_\_\_\_\_

If no, why:\_\_\_\_\_

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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.

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FULL NAME (PRINT)

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ADDRESS

---

CITY

STATE

ZIP CODE

---

SEX

RACE

DATE OF BIRTH

---

SOCIAL SECURITY NUMBER

---

DRIVER'S LICENSE NUMBER

STATE

---

SIGNATURE

DATE

