

ALCOHOL EDUCATION PROGRAM (AEP) APPLICATION

APPLICANT INFORMATION

FULL NAME: FIRST MIDDLE LAST SUFFIX (JR., III, ETC.)

NICKNAME/ALIAS: MAIDEN NAME:

MAILING ADDRESS:

STREET/P.O. BOX:
APT./LOT #:
CITY: STATE: ZIP:

SOCIAL SECURITY #: HOME PHONE: CELL PHONE:

RACE: GENDER: MALE FEMALE DATE OF BIRTH: BIRTH STATE/COUNTRY:

AGE: DL#: DL STATE: DO YOU HAVE A CDL LICENSE? YES NO

ARE YOU A US CITIZEN? YES NO ARE YOU MILITARY, ACTIVE OR RESERVE? YES NO

ATTORNEY INFORMATION: NO ATTORNEY PUBLIC DEFENDER PRIVATE ATTORNEY

ATTORNEY'S NAME: PHONE #: -

DO YOU HAVE TRANSPORTATION? YES NO TRANSPORTATION: CAR FAMILY/FRIEND OTHER

E-MAIL COMMUNICATION

COMPUTER ACCESS? YES NO INTERNET ACCESS? YES NO

BY PROVIDING MY EMAIL BELOW, I AUTHORIZE AND CONSENT TO COMMUNICATE BY EMAIL. IN AUTHORIZING EMAIL COMMUNICATION, I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY AEP STAFF OF ANY CHANGES TO MY EMAIL ADDRESS. I ACCEPT THE LIABILITY AND RISKS ASSOCIATED WITH THE USE OF EMAIL. I ALSO UNDERSTAND AEP CANNOT ACCEPT RESPONSIBILITY FOR ANY EMAIL MESSAGES NOT RECEIVED BY OR FROM YOU, OR FOR ANY DELAY IN THE RECEIPT OR DELIVERY OF ANY EMAIL NOTIFICATIONS. AEP IS NOT RESPONSIBLE FOR LOSS OF MESSAGES AND OTHER CONSEQUENCES FROM THE USE OF ELECTRONIC COMMUNICATION.

E-MAIL ADDRESS:

SCHOOL/EMPLOYMENT

SCHOOL INFORMATION:

EMPLOYMENT INFORMATION:

NAME: LAST GRADE COMPLETED: NAME: TITLE/POSITION:

AEP CHARGE INFORMATION

THIS INFORMATION IS NOT AN ADMISSION OF GUILT NOR IS IT ADMISSIBLE IN COURT FOR PROSECUTION OF THE CHARGE(S) PENDING AGAINST YOU.

PROVIDE THE TICKET #(S) AND CHARGE INFORMATION FOR THE CHARGE(S) YOU ARE APPLYING TO AEP ON:

TICKET #: CHARGE:
TICKET #: CHARGE:

CRIMINAL HISTORY INFORMATION

FALSE INFORMATION IN THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION OR TERMINATION FROM THE PROGRAM. THE APPLICATION FEE IS NON-REFUNDABLE.

LIST ALL PRIOR CHARGES AND/OR ARRESTS IN ANY STATE AND THE DISPOSITION OF THE CHARGE.

DATE:	STATE:	CHARGE(S):	DISPOSITION (DISMISSED, PENDING, FINE, JAIL, PRISON, PROBATION):

i. HAVE YOU BEEN CHARGED WITH ANY CRIME **SINCE** THE INCIDENT FOR WHICH YOU ARE APPLYING FOR AEP?
 YES NO

ii. ARE YOU **CURRENTLY** UNDER INVESTIGATION REGARDING ANY CRIMES?
 YES NO

iii. HAVE YOU EVER **APPLIED, BEEN REJECTED, AND/OR PARTICIPATED** IN AN ALCOHOL EDUCATION PROGRAM (AEP) IN THE STATE OF SOUTH CAROLINA? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT THE AEP OFFICE TO DISCUSS YOUR ELIGIBILITY FOR THE PROGRAM.

CONTACT INFORMATION

I AUTHORIZE AND HEREBY CONSENT TO THE COMMUNICATION BETWEEN THE ALCOHOL EDUCATION PROGRAM AND MY CONTACT PERSON LISTED BELOW. THE COMMUNICATION MAY INCLUDE, BUT IS NOT LIMITED TO MY APPLICATION, PARTICIPATION IN THE PROGRAM, PROGRESS, AND DRUG TEST RESULTS.

PRIMARY CONTACT INFORMATION:

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____ RELATIONSHIP TO YOU: _____

CHANGE OF ADDRESS/TELEPHONE NUMBER

_____ (INITIAL) **IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER,** I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY ALCOHOL EDUCATION (AEP) AND THE COURT HANDLING MY PENDING CHARGE.

_____ (INITIAL) **I UNDERSTAND THAT ONLY THE COURT CAN GRANT PERMISSION FOR ME TO LEAVE THE STATE WHILE I HAVE A PENDING CHARGE(S).** I UNDERSTAND THAT I MUST CONTACT THE COURT AND MY ATTORNEY FOR PERMISSION TO LEAVE THE STATE.

STATEMENT OF TRUTH AND RESPONSIBILITY

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS, OR PENDING CHARGES THAT I HAVE NOT REVEALED IN FULL. I UNDERSTAND THAT ANY FALSE OR UNDISCLOSED INFORMATION MAY BE GROUNDS FOR MY REJECTION OR TERMINATION FROM THE PROGRAM. I UNDERSTAND THAT AEP WILL CONDUCT A CRIMINAL HISTORY INVESTIGATION. FURTHERMORE, I UNDERSTAND THAT FEES PAID TO THE ALCOHOL EDUCATION PROGRAM ARE NON-REFUNDABLE.

DEFENDANT SIGNATURE: _____ DATE: _____

PRINTED OR TYPED NAME OF DEFENDANT: _____ DATE: _____

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