

Court Case No: _____
ASAP Case No: _____

ASAP Staff initials: _____

GENERAL DISTRICT COURT REFERRAL TO ASAP [NO RESTRICTED LICENSE]

COMPLETE THIS FORM BEFORE APPEARING BEFORE THE JUDGE. IF YOU PLEAD GUILTY OR ARE FOUND GUILTY, SUBMIT THE FORM TO THE JUDGE.

NAME: _____

Information on your driver's license

Race	Sex	DOB	HT	WGT	EYES	HAIR
D.L.					State:	

ADDRESS: _____

I have been referred by the courts to the ASAP program. I am not applying for a restricted license. I understand that it is my responsibility to the ASAP program and to pay for and complete the ASAP program.

Defendant

Date

Office Use Only

DWI ___ BAC ___ Reckless Driving ___ Possession of Marijuana ___ Illegal Consumption ___

Offense date: _____ Conviction date: _____ ASAP required? yes no

License suspension: ___ months from ___ / ___ / ___ to ___ / ___ / ___

Interlock required? yes no

JUDGE: _____

REFERRAL ONLY! NO RESTRICTED LICENSE IS TO BE ISSUED IN THIS CASE