

Application for Services at Rappahannock Area ASAP

Please complete and return to:
RAASAP
12 Chatham Heights Rd.
Suite 102
Fredericksburg, VA 22405

Name: _____ Social Security Number: _____ - _____ - _____

Birth Date: ____ / ____ / ____ Age: ____ Driver License Number: _____ State Issued: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address: _____ Physical Address: _____

How long have you lived at this address? _____

Why are you applying for services with this agency? (Example: court referred you, DMV referred you, another state's agency is requiring your attendance, etc.) _____

Please list all Virginia Driving Under the Influence Charges:

Offense 1: Court _____ Conviction Date: _____ Offense Date: _____

Offense 2: Court _____ Conviction Date: _____ Offense Date: _____

Offense 3: Court _____ Conviction Date: _____ Offense Date: _____

Please list any out of state offenses:

Offense 1: Court _____ Conviction Date: _____ Offense Date: _____

Offense 2: Court _____ Conviction Date: _____ Offense Date: _____

Offense 3: Court _____ Conviction Date: _____ Offense Date: _____

For which offense(s), do you wish to participate in our program? _____

Did you have a Virginia license at the time of the conviction? _____

Did you complete education and/or counseling in another state for this same DUI? _____

Do you have any pending charges, DUI or otherwise? _____ If yes, explain: _____

Have you received services from this agency in the past? _____ If so, explain: _____

Are you currently receiving services from this ASAP or another agency? _____ If yes, explain: _____

Do you owe any fees to any Virginia Alcohol Safety Action Program (VASAP)? _____

Comments: _____

This application must be submitted with a compliance summary from the Virginia Department of Motor Vehicles. After your application has been received and reviewed, you will then be advised of the required fees. All fees paid to Rappahannock Area ASAP are non-refundable. Should you be unclear as to the requirements of DMV or other agency, it is solely your responsibility to seek legal advice from an attorney, or clarity from the referring agency, prior to enrollment. Rappahannock Area ASAP is only responsible for providing the service for which you apply.

I certify I have answered the questions to the best of my ability and seek enrollment into the Rappahannock Area ASAP.

Applicant's Signature

Date

Rappahannock Area ASAP Representative's Signature

For Rappahannock Area ASAP Use Only:

Comments: _____

Service Type: _____

Fee Required: _____

Client Advised On: _____