



County of Sonoma Driving Under the Influence Program

PARTICIPANT DEMOGRAPHIC INFORMATION FORM (Rev 9-16-21)

PLEASE CHECK PROGRAM YOU ARE ENROLLING IN

- | | |
|--|---|
| <input type="checkbox"/> 6-Week Wet & Reckless | <input type="checkbox"/> 9-Month Extended First Offender |
| <input type="checkbox"/> 3-Month First Offender | <input type="checkbox"/> 12-Month Multiple Offender (last DUI in 1990-91) |
| <input type="checkbox"/> 6-Month Extended First Offender | <input type="checkbox"/> 18-Month Multiple Offender |

PARTICIPANT PERSONAL INFORMATION

First Name: _____ Last Name: _____

Alias/name arrested under (N/A if not applicable): _____

Date of Birth (mm/dd/yyyy): _____ Gender (check): M F Other: _____

Ethnicity (check one you most identify with):

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/ Latina(o) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian (including South/Southeastern) | <input type="checkbox"/> Multiracial (2 or more) | <input type="checkbox"/> Caucasian/ White |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other: _____ | |

MAILING ADDRESS

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

PLEASE PROVIDE BEST PHONE NUMBER(S) TO REACH YOU

Home: _____ Cell: _____

Email: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Phone: _____

DUI INFORMATION (REQUIRED)

Driver's License or "X" Number: _____

DUI Arrest Date (mm/dd/yy): _____ Arresting County: _____

Conviction Date (mm/dd/yy): _____ Court Case #: _____