



2758 Sawbury Boulevard
Columbus, OH 43235

Ph: 614.791.8300
Fax: 614.791.8726

On-Line Registration:
www.wellnessdriver.com

REGISTRATION FORM

PERSONAL

Name _____ SS# (last 4 digits) _____

Address _____
Street, City, State, Zip Code

Phone (including area code) Home _____ Cell _____ Work _____

E-mail Address _____ (your e-mail address will be used only to communicate program information to you)

DOB _____ Age _____ Male _____ Female _____

PROGRAM & PAYMENT INFORMATION

Program Date _____ Hotel Name _____ Room Request: Private / Shared

I would like to pay (Check One): Full Amount of \$ _____ or A deposit of \$75.00 to hold my space

I wish to pay by (Check One): Visa MasterCard Discover American Express Money Order

Credit Card Number _____ Exp Date _____ 3-Digit Code on Back _____

Sorry, we don't accept personal checks

LEGAL

Court _____ Case Number _____

Judge _____ Probation Officer _____

Date of Arrest _____ Type of Test (circle one): BR BL UR REF Test Result _____
(Breath/Blood/Urine/Refused) (08)

Probation (circle one): Yes No ***Reporting Non-Reporting*** Time Remaining _____

Attorney's Name _____ Phone Number (including area code) _____

Do you want your attorney to receive a copy of your completion report? Yes No

If Yes, please provide attorney's fax number including area code _____
(You must also sign a release form, which will be provided at the DIP Program)

Prior Alcohol/Drug Related Arrest (list offense and approximate date) _____

Signed _____ Date _____