

**SUSQUEHANNA COUNTY DUI PROGRAM - CRN
ADULT INFORMATION SHEET (18 YEARS AND OLDER)**

Today's Date: _____

Case Number: _____

All information is required on this form. Missing information will delay CRN appointment scheduling.

First:	M.I.:	Last:	Suffix:
Address:		Town:	State:
Zip Code:	County of Residence:		
Place of Birth:		Social Security Number:	
Phone (Home):		Phone (Cell):	
Date of Birth:	Age:	Race:	Sex:
Height:	Weight:	Hair Color:	Eye Color:
Place of Employment (Place/Location):			

Blood Alcohol Level:	Violation Date:	Violation Time:
Drug Related: YES NO	Drug:	Drug Level: ng/ML
	Drug:	Drug Level: ng/ML
	Drug:	Drug Level: ng/ML
	Drug:	Drug Level: ng/ML
Arresting Officer (Check One):	State Police:	Town: List Township:

OTN Number:	Sentencing Date:
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Attorney for case:	Court Appointed:	Public Defender:	No Attorney:
	Private – Name:		

Driver License Information:	License State:
	License Number:

**No CRN will be scheduled prior to receiving completed form.
A letter will be sent to client with appointment date and time upon receipt of completed form.
Email form to: mborosh@trehab.org or Fax form to: (570) 278-9112**