

Forsyth County Drug Court
Participant Information

Name: _____

Date: _____ **Probation:** ___ Felony ___ Misdemeanor

DOB: _____ **SS#:** _____ **Officer's Name & Location**

Primary Phone # _____

Alternative Phone# _____

Address: _____

Directions: _____

Place of Employment: _____
Address: _____

Name of Supervisor: _____ **Phone No.:** _____

Start Date: _____

Primary Vehicle Information

Make _____ **Model** _____

Year _____ **Color** _____

Tag Number _____

Secondary Vehicle Information

Make _____ **Model** _____

Year _____ **Color** _____

Tag Number _____

****If you are on felony probation, you must notify your probation officer of any changes in employment or address. You can take a copy of this form with you to DCS.****

Phase of Program & Group Schedule

Phase 1 **Completed**
Group Sessions
Monday 5:00-7:00 p.m.
Friday 5:00-7:00 p.m.
Saturday 12:00-2:00 p.m.

Phase4 **Completed**
Group Sessions
First and Third Mondays of the month
4:00- 6:00 p.m.

Phase 2 **Completed**
Group Sessions
Monday 7:00-9:00 p.m.
Friday 7:00-9:00 p.m.

Phase 5 **Completed**
Group Sessions
Last Thursday of the month
4:00-6:00 p.m.

Phase 3 **Completed**
Group Sessions
Tuesday 5:00-7:00 p.m.
Saturday 4:00-6:00 p.m.

Search Log

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