

State Court of Fulton County
Recovery Treatment Court Program



Personal Information Update Sheet

Name: _____ Date of Birth: _____

Ethnicity: _____ Gender: _____ Gender at Birth: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Do you own or rent your home? (Circle) Own / Rent

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Emergency Contact: _____ Phone #: _____

Address: _____

Marital Status: _____ Dependents: Y / N If so, how many: _____

Children(s) age and gender: _____

Highest Grade Completed: _____

Open Cases: Y / N Jurisdiction: _____ Charges: _____

EMPLOYMENT INFORMATION

Employer: _____ Phone #: _____

Address: _____

Immediate Supervisor: _____ Work Schedule (Circle): Full Time or Part Time

Working Hours: _____ Annual Income: _____

DRIVER'S LICENSE INFORMATION

License #: _____ State Issued: _____ Have you surrendered your license: ___ Yes ___ No

Completed Risk Reduction Program: ___ Yes ___ No

If yes, completion date: _____ Certificate #: _____ Program ID: _____

Transportation Mode for Treatment and Court: Marta ___ Bike ___ Carpool ___ Other ___