

**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: [da@susqco.com](mailto:da@susqco.com)        or        Fax form to: (570) 278-9039*