



**James R. O'Neill**  
 District Attorney  
 Prosecutorial District 31  
 Forsyth County



## DRIVE Program Application

### Applicant Information:

Name:			
First	Middle	Last	Maiden
Address:	City:	State:	ZIP:
Email Address:	Phone:	Date of Birth:	
Marriage Status: <i>(circle one)</i> SINGLE            MARRIED            WIDOWED            DIVORCED			
Do you have dependents in your household?    _____ If so, what is the age of each?			
Are you Employed?    _____ If so, where?			
Are you attending school?    _____ If so, where?			
How did you hear about the DRIVE Program?			

### Driving History:

North Carolina Driver's License Number:
What year did you receive your North Carolina driver's license?
What year did the Department of Motor Vehicles revoke or suspend your license?
Have you ever submitted a Driver License Hearing Request Form (HF-001) to the NC DMV?    _____ If so, what was the result of the hearing?

*Return the completed application to the Forsyth District Attorney's Office on the seventh floor of the courthouse or email the form to Macey Wiseman at [macey.n.wiseman@nccourts.org](mailto:macey.n.wiseman@nccourts.org).*

*Please inform our office of any changes to your contact information.*

*Submission of this application does not guarantee acceptance into the program. In the interest of public safety, your criminal history will be considered in determining whether you are eligible to participate.*