



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



## DRIVE Program Application

### DO NOT LEAVE BLANK

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? Yes/No		Number of dependents	
If yes, age of each dependent? _____		_____	
<b>Employment History:</b>  Are you employed YES or NO? (Circle one)  If yes, where, and how long have you been employed there?  If no, are unemployed how long have you been unemployed?  Are you attending school? Yes or NO (Circle one)  If so, where?			
Do you receive any public assistants benefits?  Including SSI, SNAP, MEDICAID, or, HUD			

*Return the completed application to the Forsyth District Attorney's Office on the seventh floor of the courthouse or email the form to Tre David at [trequan.david@nccourts.org](mailto:trequan.david@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.*

**PLEASE SEE REVERSE SIDE**



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How did you hear about the DRIVE Program?
Why are you seeking relief from 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?
Do you have dependents in your household? Yes/No      Number of dependents _____
If yes, age of each dependent? _____

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