

Chesapeake Bay ASAP
Driver Improvement Program
868 N. Newtown Road
Virginia Beach, VA 23462
(757)552-1800
www.cbasap.org

Client Information Sheet
(Please print clearly)

DATE: _____

NAME: _____
(LAST NAME, FIRST AND MIDDLE INITIAL)

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ D.O.B: _____

HOME PHONE : _____ WORK OR CELL PHONE#: _____

LICENSING STATE: _____

WHY ARE YOU TAKING A DRIVER IMPROVEMENT CLASS?

CHECK ONLY ONE

- INSURANCE COST REDUCTION
 DRIVING RECORD POINTS
 NO DRIVING RECORD POINTS

CHECK WHICHEVER APPLIES TO YOU

- COURT ORDERED***** (answer section b)
 I AM A VOLUNTEER
 I WAS REFERRED BY DMV

B. ***If you were referred by the court, fill out this section.**

City/State of the court: _____

Judge's name: _____

Date of Court Referral: _____

Date by which program is required to be completed: _____

For office use only

Date of DIP class assigned : _____

Rescheduled date: _____