

Lancaster County Adult Drug Court Motor Vehicle Information

Your Name: _____ Date: _____

Current residential information:

Address: _____ Apt.#: _____
City, State: _____ Zip Code: _____
Phone #: _____ Cellular #: _____

Driver's License Information:

License#: _____ Class: _____
Issued: _____ Expires: _____
Endorsements: _____ Restrictions: _____

Primary Vehicle Information:

Make: _____ Model: _____
Year: _____ Color: _____
Plate #: _____ VIN#: _____
Registered On: _____ Expires: _____
Insurance Co.: _____ Agent: _____

Fill out a second sheet if you own more than one vehicle.

**PLEASE COMPLETE ALL INFORMATION
AND RETURN TO YOUR SUPERVISOR**

For office use only:

_____ Copy of insurance policy attached. _____ Copy of Driver's License attached.
_____ Copy of registration attached. _____ DMV check performed.

Supervision Officer's Signature

Date