

ALTERNATIVE TO SUSPENSION (ATS) REGISTRATION FORM

Court Case Number: _____ **Court Referral Date:** _____

Name: _____

Address: _____ City: _____

Phone: _____ Cell Phone: _____

(Insert ATS Date)

Date: _____ **Location:** _____

Time: 9:00 AM – 1:00 PM

Compliance Review Date: _____

Triplicate Copy:

- 1) Court 2) ATS Participant 3) Waupaca County Tobacco Free Coalition

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