License Evaluation and Assistance Program (LEAP) Screening Questionnaire

LEAP provides license restoration assistance to individuals charged with qualifying traffic offenses. By signing this form, you are indicating to the Court that you would like to participate, if eligible, in LEAP. To determine your eligibility, you must provide the following information.

Name:		Driver's License #
Case #:		Last 4 SSN:
		Date of Birth:
1. □ Yes □ No	The Complaint includes an Unclassified Misdemeanor (UCM) charge of Driving Under Suspension or No Operator's License (4510.111, .12, .16, .21)	
2. □ Yes □ No	The date of the Complaint was, which was not more than six (6) months from the date of this application.	
3. □ Yes □ No	I have not participated in LEAP within the past 3 years.	
4. □ Yes □ No	I am able to pay the \$100.00 program fee within 30 days.	
5. □ Yes □ No	I possess a Commercial Driver's License (CDL).	
6. □ Yes □ No	I have addressed all issues with	h my driver's license; my license is reinstated.
Signature of Defendant		Date
	Eligibility A	ssessment
the LEAP Coord each of the follow	inator for assessment to determine ving conditions must be satisfied	
	inswers on the Application appear	
	es not have any active warrants i	
	not currently under a suspension eges and/or license reinstatement	on that would prevent him/her from obtaining within 120 days.
\square The complain	t does not include any of the foll	owing:
 Moving v (unless no covered b Failure to Approach 	felony or misdemeanor charges iolations involving an accident injury and damages are y insurance or paid in full) Stop for School Bus ing Stationary Public Safety bisplaying Emergency Light	 Speeding over 15 mph; in a construction zone or in a school zone ACDA or Failure to Control when Defendant did not show/have proof of insurance More than 2 accompanying traffic charges (other than DUS or Failure to Reinstate)
Based on the abo	ove factors, the Defendant has l	oeen deemed:
□ Eligi	ble 🔲 Not Eligible	
LEAP Coordinator		Date