

Napa County DUI Program

6 Wks ___ FOP ___ F06 ___ F09 ___ 12 Months ___ 18 Months ___ DMV ___

LAST NAME _____ FIRST NAME: _____ MI: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ (1 = Napa, 2= Other)

PHONE NUMBERS:

PRIMARY NUMBER: _____ SECONDARY NUMBER: _____

(Please only give numbers where we can leave a message identifying ourselves as the Drinking Driver Program.)

COURT INFORMATION:

CASE/DOCKET NUMBER: _____ COURT REFERRING: _____

VIOLATION DATE: _____ CONVICTION DATE: _____

PERSONAL DATA:

CALIFORNIA DRIVER'S LICENSE NUMBER: _____ (If no CDL, you must have an X number from DMV. Do not enter another state's driver's license)

GENDER (M/F): _____ BIRTHDATE (mm/dd/yy): _____ AGE: _____

ETHNICITY: _____

1 = Caucasian; 2 = African American; 3 = American Indian; 4 = Asian/Pacific Islander/Filipino; 5 = Vietnamese; 6 = Hispanic _____; 7 = East Indian; 8 = Other _____

DISABLED? (Y/N): _____ CHILDREN UNDER 18? (Y/N) _____ PREGNANT? (Y/N) _____

OFFENSE DATA:

_____ (1 = Alcohol; 2 = Alcohol & Drugs; 3 = Drugs; 4 = Refused; 5 = Unknown)

Blood Alcohol Level: _____

Office use only: Program Status	NOTES
NEW REGISTRANT (date)	Proof of Enrollment #
Education Assignment #	
Group Assignment #	
Transfer-In (date)	
Transfer-Out (date)	
Re-Admit: 1. (date)	
2. (date)	

SIX MONTH FIRST OFFENDER PROGRAM CONTRACT

The Napa County DUI Six Month First Offender Program (FOP) provides a minimum of 22 weeks education and counseling to a) encourage individuals to identify and resolve alcohol-related problems and behaviors; b) support positive changes in lifestyle; and c) protect the public health and safety upon roads and highways.

I, _____, (client) was interviewed by a NCDUIP staff member, and my questions were answered. I agree to abide by the following program rules and regulations:

EDUCATIONAL AND COUNSELING SESSIONS

- A. I agree to attend and participate in 6 two-hour educational sessions for a total of 12 hours. Each session has a maximum enrollment of 35 participants.
- B. I agree to attend and participate in 16 sessions of group counseling. Each session lasts 2 hours for a total of 32 hours. There are up to 15 participants in each group.
- C. I agree to attend four 15-minute face-to-face interviews with my counselor.
- D. I agree to attend the program for a minimum of 6 months and to complete the Educational, Group, and Face-to-Face requirements as well as pay my program fees. I understand that a certificate of completion (DL101) will not be issued until these requirements are met.
- E. I understand that Title IX states that if a participant is out of the program for more than 2 years the participant must restart the program.

ABSENCE POLICY:

- F. I agree to be prompt and to keep all appointments. I understand that I will be returned to court if I exceed the Six Month First Offender Program absence limit of 7 absences. I understand that each activity missed in one day is counted as a separate absence.

LEAVE OF ABSENCE:

- G. If I need to be absent from the program for more than 21 consecutive days, I will request a leave of absence from the program. I agree to request a leave of absence in writing at least 2 weeks in advance. A leave of absence may only be requested for the following reasons: Military Duties, work related travel, illness, treatment for chemical dependency, incarceration, planned vacations, family emergency or personal hardship. A leave of absence will only be approved if program fees are paid as agreed. A leave of absence will only be approved if program fees are paid as agreed.

PROGRAM FEES:

- H. I agree to pay a program fee of \$1033.75. I agree that all payments shall be in the form of check, money order, or credit card (Visa or MC). NO CASH. **Final payment with credit/debit card or money order only.**
- I. "NOTICE OF COMPLETION" will be issued within 10 calendar days.
- J. ADDITIONAL FEES INCLUDE:

\$30.00 Returned Check Fee	\$50.00 Re-Admit Fee
\$30.00 Absence Fee	\$25.00 Leave of Absence Fee
\$50.00 Transfer-out monitoring Fee	

PROGRAM SOBRIETY

- K. I agree that total abstinence from alcohol and drugs is the goal of my participation in the program.
- L. I agree not to have any alcohol or other mind-alerting drugs in my system 24-hours prior to and during my participation in any program activity. I agree to take a test upon request of a DUI program staff member, and agree not to drive under the influence.
- M. I understand that I will be returned to court for violation of program sobriety.

TRANSFER

- N. I agree to contact the Napa County DUI Program at least two weeks before transferring to any other licensed first offender program within the State of California I understand that I will be returned to court if I fail to commence participation in the First Offender Program within 21 days of my last participation at the Napa County DUI Program.

DISMISSAL FROM PROGRAM

- O. I understand that I will re-referred back to court for any of the following reasons:
1. Exceeding the Six Month First Offender Program absence limit of 7 absences per period of enrollment.
 2. Failure to maintain program sobriety.
 3. Failure to comply with DUI Program rules and regulations.
 4. Failure to participate in program activities for 21 consecutive days without obtaining approval for a leave of absence.
 5. Failure to participate within 21 days of transfer to a new, approved service provider.
 6. Failure to comply with additional county requirements which have been approved by the California Department of Alcohol and Drug Programs.
 7. For physical or verbal abusive behavior to program staff or other program participants.
 8. Failure to pay program fees for two consecutive months.
- P. Upon dismissal from the program, I understand that I must contact the court of my conviction and be re-referred in order to be re-enrolled in the program. If I am not attending the program pursuant to a court order, I may re-admit to the program without a court re-referral but I will be required to remain out of the program for 30, 60, or 90 days, depending on whether it is my first, second, or subsequent dismissal. I understand that I must be re-enrolled in the program within 2 years of dismissal in order to receive credit for my program participation prior to non-compliance.
- Q. The Napa County DUI Program may refuse to re-instate a participant if the participant is dismissed because he/she was physically or verbally abusive to program staff or other program participants.

Business Office Hours:

10:00 AM – 7:00 PM Mon.-Thurs.

10:00 AM – 3:00 PM Friday

Closed Weekends and Holidays

Program Hours:

10:00 AM – 9:00 PM Mon.-Fri.

Closed Sundays and Holidays

The program facility will be open earlier or later when program activities are scheduled.

The NAPA COUNTY DUI PROGRAM will provide services in accordance with all applicable Federal, State, County and Municipal laws, ordinances, regulations, certifications standards, and provisions pertaining to confidentiality of records.

THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF AND AGREEMENT WITH THIS DOCUMENT.

Participant _____ Date _____

NCDUIP Representative _____ Date _____