

Grant County Fresh Start Program

Registration Form

Fill out COMPLETELY AND CLEARLY; illegible or incomplete forms will be considered invalid, and your ticket will go to court. Your registration must be received within 10 days of the date you received your citation.

If you are mailing this form, include a check or money order for \$75 with this form

Make Payable to: Grant County Fresh Start

Mail to:

Fresh Start
165 N Fourth St
Platteville, WI 53818

If you are registering online at www.officalpayments.com you may email this form to freshstartgrantco@yahoo.com. Include the payment confirmation number on this form.

Full Name: _____

Address _____

Email Address _____

Date of Birth: _____

Phone # where you can be reached: _____

Citation #: _____

Citation Date: _____

Confirmation # (If paid online) _____

****NOTE: You must register for the online courses separately. You will be emailed enrollment instructions once this registration/payment is received.**

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GUILTY PLEA AGREEMENT

I hereby admit to the charge of consuming/possessing intoxicants. I agree to successfully complete the Fresh Start program by:

1. Registering for BOTH the online course and the Fresh Start Program
2. Completing all 12 hours of online course work
3. Providing Fresh Start with my certificate of successful course completion within 30 days of the date a received my citation
6. Not re-offending within one year of completing the course or before turning 21 whichever occurs first. If proof of successful completion is provided, this matter will be dismissed after one year if there are no other underage drinking offenses or until turning 21, whichever occurs first. I understand that if I re-offend within a year both citations will go to court, I will be required to pay both fines, and I will lose my operating privileges for a length of time determined by the judge. I, the defendant, hereby consent to the above order, and agree to cooperate/participate in the program.

If under 17, the undersigned parent/guardian hereby consents to entry of the above order and agrees to cooperate/participate in the program.

Defendant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____