

John Tyler ASAP

LICENSE RESTORATION REFERRAL AND EVALUATION PACKET

As part of your petition for restoration of driving privileges, you are required to complete an evaluation with John Tyler ASAP. The following procedure and items are required as part of this process. Failure to provide requested information will delay the completion of your evaluation process and delay the final evaluation report filing with the court and your legal counsel.

UPON ENROLLMENT:

- Payment of Evaluation Fee (\$175) by money order, VISA, Discover or Master Card
- General Consent Form
- Schedule Interview Appointment

AT THE TIME OF YOUR INTERVIEW:

You will need to provide the following to the ASAP office prior to or at the time of your evaluation:

- A COMPLETED LICENSE RESTORATION QUESTIONNAIRE which is given to you at the time of enrollment. (If this questionnaire is not completed when you come in for your evaluation, your evaluation will be rescheduled to the next available date and there will be a \$25 reschedule fee. This may delay your hearing in court)
- Copy of all prior and/or present treatment and counselors' records or discharge summaries.
- Two letters of reference (provided in this packet) are to be completed by your: employer, spouse or significant other, family member; or one character witness with whom you have regular contact. Reference letters should include a statement on alcohol/drug abuse and state the last known use of alcohol/drugs, as well as other characteristics. ***A consent form is required for each individual completing a reference letter and reference letter must be notarized.***
- If on probation, a status letter from your probation office
- **A urine alcohol/drug screen will be required following the evaluation appointment. This screen will be at your expense and generally cost \$28-\$50.**
- At the time of your evaluation interview, the Case Manager will complete a personal interview and schedule any additional requirements as part of this evaluation as required by guidelines set by the Commission on VASAP.

There will be a \$25 reschedule fee for any reason this evaluation is rescheduled.

HABITUAL OFFENDER EVALUATION APPOINTMENT

NAME: _____

LAST

FIRST

FULL MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____ @ _____

DRIVER'S LICENSE NUMBER: _____ STATE LICENSED: _____

1) The evaluation session will begin at _____ a.m. on _____.

2) The \$175 ASAP evaluation fee must be paid when you ENROLL and schedule your evaluation appointment. Payment may be made by money order (payable to *John Tyler ASAP*), certified check, or credit card. Payment may be made in office or on-line at *jasap.com*. No third party, personal, or payroll checks will be accepted.

THIS FEE IS NON-REFUNDABLE. _____ (INITIAL HERE)

3) Tardiness or absence from this appointment can result in a return to Court and dismissal of your petition.

4) If you are absent from this appointment you will be charged a \$25 reschedule fee to reschedule this evaluation appointment. Should you miss a rescheduled evaluation, a third appointment will not be scheduled and a recommendation to deny the petition will be submitted to the court.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

DATE: _____

Signature: _____

Petitioner

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____ Date of Birth: _____
(Nombre) (Fecha de nacimiento)

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with:

- the court of record/referral
- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers
- other (specify) _____

for the purpose of facilitating, supervising, verifying, and reporting my participation in, and compliance with ASAP requirements.

I understand that if I am being referred to the Alcohol Safety Action Program **by a court**, information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that if I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**, this Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all treatment information is protected under HIPAA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ day of _____, 20_____
(día) (mes) (año)

Participant's Signature: _____
(firma)

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

[Updated 8/23/19]

LICENSE RESTORATION QUESTIONNAIRE
FOR HABITUAL OFFENDERS AND INDIVIDUALS' REVOKED DUI 3RD OR MANSLAUGHTER

Please complete packet and return to the designated office on or by: _____

() Chesterfield Office
9620 IRON BRIDGE ROAD
101
CHESTERFIELD, VA 23832

() Henrico Office
4116 East Parham Road
Richmond, VA 23228

**AGREEMENT TO PARTICIPATE
IN THE ALCOHOL SAFETY ACTION PROGRAM AND EVALUATION PROCESS**

Please read each statement and initial on the line following each statement.
Please complete all pages attached and return this form to the receptionist once you are done.

John Tyler ASAP is a criminal justice probation service of the Virginia Court system. Your participation requires compliance with the program guidelines as follows:

I understand that if I am under a court order of abstinence that I may not consume alcohol or other mood altering chemicals while I am participating in any phase of the ASAP evaluation process. I understand that this also includes but not limited to cough medications, mouthwashes, any substance which contains alcohol and prescriptions that are not prescribed to me. _____

If I am under a doctor's care I will provide a copy of the physician's prescription to ASAP. _____

My participation in ASAP will involve a commitment of my time and will not be solely at my convenience. I agree to attend all scheduled sessions and meetings as required. _____

I understand that I must attend all scheduled sessions, arriving on time and remaining present for the entire session. _____

I understand that as part of the evaluation process that I may be referred to a substance abuse counselor, or other counselor, for further assessment. _____ I understand that I am responsible for payment of the ASAP enrollment fee, intervention fee, and any other incurred fees. _____

I agree to submit to required breath tests and urine drug screens. _____

I understand that failure to keep the terms of this agreement will result in notification to the court return to court. _____

If I have any questions concerning my case, I will contact my case manager. _____

I understand that the State Code of Virginia requires that I successfully complete ASAP on all prior DUI's in order to have my license re-instated. I understand that if I fail to complete the ASAP program

at this time, I may voluntarily re-enter the ASAP program at a later time and will be required to pay the required enrollment fee(s) and any unpaid balances on my prior ASAP account. _____

I agree to answer all questions. I understand withholding information can result in dismissal of my petition. _____

ACTIONS WHICH MAY RESULT IN NON-COMPLIANCE WITH ASAP:

Failure to cooperate in the evaluation process. _____

Falsifying or withholding information during your evaluation or any phase of the program. _____

Failure to keep any scheduled appointments with your case manager. _____

Failure to provide this office with a valid address or phone number. _____

Appearing at this evaluation and any program function under the influence of alcohol or testing positive for alcohol and/or any drugs. _____

I hereby consent to breath test and/or urinalysis upon request from an ASAP case manager, and ASAP instructor, or a treatment counselor. _____

I also understand that I may be charged with Drunk-In-Public or other related charges if I appear on the ASAP premises or at any of the ASAP functions intoxicated and/or under the influence of any mood-altering chemicals.

REASONS FOR WHICH AN ABSENCE MAY BE EXCUSED:

Personal illness documented by a doctor's certificate. _____

Death of a member of your immediate family. (Verification required) _____

An emergency documented by the case manager and/or approved by the ASAP director. _____

I HAVE READ THE ABOVE AND UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP

Client's Signature

Date

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET, RT. NO. OR BOX) (CITY/TOWN) (STATE) (ZIP CODE)

LENGTH AT CURRENT RESIDENCE: _____ WITH WHOM DO YOU LIVE? _____

TELEPHONE NO. (_____) _____ DRIVER'S LICENSE NO. _____

SEX: MALE FEMALE

RACE _____ DATE OF BIRTH _____ AGE _____

NO. OF DEPENDENT CHILDREN _____ AGES _____

MARITAL STATUS: MARRIED SINGLE DIVORCED SEPERATED WIDOWED
 LIVING WITH SOMEONE

IF MARRIED, HOW LONG _____ IF MARRIED, HOW MANY TIMES _____

LEVEL OF EDUCATION _____ DEGREE OBTAINED? _____

LAST SCHOOL ATTENDED? _____ YEAR ATTENDED? _____

MILITARY STATUS: ACTIVE RESERVES NEITHER

DISCHARGE STATUS: HONORABLE DISHONORABLE OTHER

TYPE OF HOSPITALIZATION/MEDICAL INSURANCE _____

EMPLOYMENT INFORMATION

NAME OF EMPLOYER _____

IF UNEMPLOYED, SINCE WHEN? _____

TYPE OF WORK? _____ LENGTH OF EMPLOYMENT _____

INCOME – (SALARY) PER WEEK _____ PER YEAR _____

WORK SCHEDULE: DAYS _____ HOURS _____

REFERENCE SUMMARY

Reference #1: Name _____

Reference #2: Name _____

Reference letters must be attached or received at or before your appointment.

LEGAL INFORMATION

LIST DUI ARRESTS/CONVICTIONS: (NOTE: YOUR DMV ABSTRACT WILL BE OBTAINED)

<u>DATE OF ARREST</u>	<u>DATE OF CONVICTION</u>	<u>JURISDICTION/LOCATION OF ARREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEGAL HISTORY: LIST PRIOR ARREST/CONVICTIONS AND INCARCERTIONS:
PLEASE INCLUDE ALL CRIMINAL CHARGES, DRUNK IN PUBLIC, DRUG CHARGES AND ANY OTHER ARREST ON YOUR RECORD.

<u>DATE OF ARREST</u>	<u>DATE OF CONVICTION</u>	<u>JURISDICTION/LOCATION OF ARREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY PENDING CRIMINAL/TRAFFIC CHARGES: PLEASE LIST ANY PENDING CHARGES

<u>DATE OF ARREST</u>	<u>NEXT COURT DATE</u>	<u>JURISDICTION/LOCATION OF ARREST</u>	<u>PENDING CHARGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU CURRENTLY ON SUPERVISED PROBATION OR PAROLE? YES NO

IF YES, PLEASE NOTE REASON, PROBATION OFFICER'S NAME AND PHONE NUMBER:

CHARGE/REASON PROBATION OFFICER'S NAME AND PHONE NUMBER

DO YOU HAVE ANY OUTSTANDING COURT COSTS/FINES? YES NO

IF YES PLEASE LIST:

<u>JURISDICTION (Court)</u>	<u>BALANCE OWED</u>	<u>PAYMENT PLAN IN PLACE</u>
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ALCOHOL HISTORY

HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK? _____

DESCRIBE YOUR PAST OR PRESENT USE OF ALCOHOL:
(IF YOU NO LONGER DRINK, PLEASE DESCRIBE YOUR PAST USE OF ALCOHOL)

I WOULD DRINK ON : Every Day ON WEEKENDS _____ TIMES A MONTH
 OTHER (PLEASE EXPLAIN) _____

WHEN I DRINK, I WILL NORMALLY DRINK _____ (NUMBER) OF DRINKS.

WHEN I DRINK, I PREFER TO DRINK: BEER HARD LIQUOR OTHER, _____

I LAST DRANK ON _____

I HAVE EXPERIENCED THE FOLLOWING CONSEQUENCES ASSOCIATED WITH MY DRINKING:

- | | |
|--|--|
| <input type="checkbox"/> BINGE DRINKING | <input type="checkbox"/> BLACKOUTS |
| <input type="checkbox"/> DUI/OTHER ARREST(S) | <input type="checkbox"/> FAMILY CONCERN |
| <input type="checkbox"/> HANGOVERS | <input type="checkbox"/> LOST TIME FROM WORK |
| <input type="checkbox"/> PASSING OUT | <input type="checkbox"/> OTHER, _____ |

DO YOU FEEL THAT DRINKING IS CAUSING ANY PROBLEMS IN YOUR LIFE? (PAST OR PRESENT) _____

HAVE YOU EVER GOTTEN IN TROUBLE AT WORK OR SCHOOL BECAUSE OF DRINKING? YES NO

IS THERE A FAMILY HISTORY OF ALCOHOLISM? YES NO

HAVE YOU EVER FELT THAT YOU HAD A PROBLEM WITH ALCOHOL OR DRUGS? YES NO

IF YES, PLEASE EXPLAIN _____

DESCRIBE IN DETAIL YOUR MOST RECENT DRINKING BEHAVIOR _____

DRUG HISTORY

PLEASE LIST ANY DRUGS YOU HAVE USED, WHEN YOU FIRST USED THAT DRUG, HOW OFTEN YOU WOULD USE THE DRUG (DAILY, WEEKLY, AND MONTHLY) AND THE LAST TIME YOU USED THAT DRUG:

<u>DRUG USED</u>	<u>AGE FIRST USED</u>	<u>FREQUENCY OF USE</u>	<u>LAST USED</u>
<u>MARIJUANA</u>	_____	_____	_____
<u>COCAINE</u>	_____	_____	_____
<u>LSD</u>	_____	_____	_____
<u>OTHER:</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMTION

LIST ANY MEDICAL PROBLEMS OR DISABILITIES :

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? YES NO

IF SO, EXPLAIN

LIST ANY MEDICATIONS YOU ARE TAKING:

ASAP & TREATMENT HISTORY

HAVE YOU EVER GONE TO ANYONE FOR HELP ABOUT YOUR DRINKING? YES NO

HAVE YOU EVER ATTENDED AN ASAP PROGRAM? YES NO

IF SO, WHERE? _____ WHEN? _____

HAVE YOU EVER RECEIVED, OR ARE YOU CURRENTLY RECEIVING COUNSELING FOR ALCOHOL/DRUG USE?

YES NO IF SO, WHERE? _____ WHEN? _____

DO YOU ATTEND ALCOHOLICS ANONYMOUS OR OTHER SUPPORT PROGRAM? YES NO

IF YES, TELL US ABOUT YOUR RECOVERY PROGRAM: _____

TELL US ABOUT YOURSELF

REASON FOR PETITION OF RESTORATION OF DRIVING PRIVILEGES _____

HOW HAS YOUR LIFESTYLE CHANGED SINCE YOUR LICENSE HAS BEEN REVOKED? _____

WHAT STEPS HAVE YOU TAKEN TO REDUCE THE RISK YOU MAY PRESENT TO YOURSELF AND OTHERS ON THE HIGHWAY? _____

WHY ARE YOU ASKING THE COURT TO RESTORE YOUR DRIVING PRIVILEGES? _____

LEGAL REPRESENTATION ON THIS OFFENSE

IF YOU WERE REPRESENTED BY AN ATTORNEY IN COURT FOR THIS OFFENSE, LIST THEIR NAME AND ADDRESS:

PARTICIPANT'S SIGNATURE: _____ DATE: _____

John Tyler ASAP

Chesterfield Office

9620 IRON BRIDGE ROAD - # 101
CHESTERFIELD, VA 23832
804-914-2181
option 1

Henrico Office

4116 East Parham Rd.
Henrico, VA 23228
804-914-2181
option 2

REQUEST FOR PERSONAL REFERENCE

Petitioner: _____

The above named individual has petitioned the court for restoration of driving privileges after having their license revoked. The Code of Virginia requires that an ASAP (Alcohol Safety Action Program) submit a recommendation regarding the petition to court. A component of this recommendation includes personal references from family members, friends and employer. If you are willing to enter an official written statement for this court matter by way of completing this questionnaire, please complete and return this form to the above address within five (5) working days. If you prefer not to be involved in this process, please signify accordingly and return this form so that we may proceed with obtaining another reference. Thank you for your time and consideration.

NOTE: Your reference questionnaire must be notarized unless you are appearing in person at the ASAP office to be interviewed.

- I agree to participate in this process and have completed the questionnaire on the back of this paper.
- I do not wish to participate in this process.

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - INDIVIDUAL

Probationer: _____ **Date of Birth:** _____
(nombre) (Fecha de nacimiento)

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with the following individual(s):

(Full Name) (nombre de la persona a dar informacion) (Assigned Password) (contraseña)

for the purpose of informing them, upon their request, of all information pertaining to my participation in ASAP to which they would not otherwise be legally entitled.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all **treatment** information is protected under HIPPA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ **day of** _____, **20** _____
(día) (mes) (año)

Participant's Signature: _____
(firma)

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

PERSONAL REFERENCE FORM

Name of Petitioner: _____

What is your relationship with this individual? _____

Please answer the following questions about the petitioner to the best of your knowledge.

1) In the past 12 months, have you observed the petitioner exhibit any behavior or drinking event that would indicate an abuse of alcohol? NO YES , If yes, please explain.

2) In the past 12 months, have you observed the petitioner exhibit any behavior that would indicate a possible abuse of illegal or prescription drugs? NO YES , If yes, please explain.

3) Do you believe the petitioner has a drinking or drug abuse problem now? NO YES , please explain.

4) If the petition is granted driving privileges by the court, do you think he/she would pose a danger to himself or others on the highway? NO YES , If yes, please explain.

5) Do you have any additional comments or information that would be relevant to the petitioner's request for restoration of driving privileges? NO YES , If yes, please explain.

Please print your name: _____

I certify that this information is true to the best of my knowledge.

Signature

(Date)

SIGNATURE MUST OCCURE AND BE WITNESSED IN THE PRSENCE OF A NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires ___20_____. _____
Notary Public

NOTARY
SEAL

John Tyler ASAP

Chesterfield Office

9620 IRON BRIDGE ROAD - # 101
CHESTERFIELD, VA 23832
804.914.2181
option 1

Henrico Office

41 East Parham Rd.
Henrico, VA 23228
804-914-2181

option 2

REQUEST FOR PERSONAL REFERENCE

Petitioner: _____

The above named individual has petitioned the court for restoration of driving privileges after having their license revoked. The Code of Virginia requires that an ASAP (Alcohol Safety Action Program) submit a recommendation regarding the petition to court. A component of this recommendation includes personal references from family members, friends and employer. If you are willing to enter an official written statement for this court matter by way of completing this questionnaire, please complete and return this form to the above address within five (5) working days. If you prefer not to be involved in this process, please signify accordingly and return this form so that we may proceed with obtaining another reference. Thank you for your time and consideration.

NOTE: Your reference questionnaire must be notarized unless you are appearing in person at the ASAP office to be interviewed.

- I agree to participate in this process and have completed the questionnaire on the back of this paper.
- I do not wish to participate in this process.

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - INDIVIDUAL

Probationer: _____ **Date of Birth:** _____
(nombre) (Fecha de nacimiento)

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with the following individual(s):

(Full Name) (nombre de la persona a dar informacion) (Assigned Password) (contraseña)

for the purpose of informing them, upon their request, of all information pertaining to my participation in ASAP to which they would not otherwise be legally entitled.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all **treatment** information is protected under HIPPA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ day of _____, 20_____
(día) (mes) (año)

Participant's Signature: _____
(firma)

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

PERSONAL REFERENCE FORM

Name of Petitioner: _____

What is your relationship with this individual? _____

Please answer the following questions about the petitioner to the best of your knowledge.

1) In the past 12 months, have you observed the petitioner exhibit any behavior or drinking event that would indicate an abuse of alcohol? NO YES, If yes, please explain.

2) In the past 12 months, have you observed the petitioner exhibit any behavior that would indicate a possible abuse of illegal or prescription drugs? NO YES, If yes, please explain.

3) Do you believe the petitioner has a drinking or drug abuse problem now? NO YES, please explain.

4) If the petition is granted driving privileges by the court, do you think he/she would pose a danger to himself or others on the highway? NO YES, If yes, please explain.

5) Do you have any additional comments or information that would be relevant to the petitioner's request for restoration of driving privileges? NO YES, If yes, please explain.

Please print your name: _____

I certify that this information is true to the best of my knowledge.

Signature

(Date)

SIGNATURE MUST OCCURE AND BE WITNESSED IN THE PRSENCE OF A NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires ____ 20 ____.

Notary Public

*NOTARY
SEAL*