

PROGRAM CONTRACT A DRIVING UNDER THE INFLUENCE PROGRAM



CLIENT FULL NAME		COUNTY:			
PROGRAM LENGTH:	(Circle One) 12 HOUR	3-MO	6-MO	9 MO	18 MO
REQUIRED ACTIVIT	ES:				
Face to Face/PC's	s Education Session	onsG	roup Sessions _	*Re-er	itry
*6-month Re-entry (18-mo complete.	only) consists of 5 monthly se	ssions + 1 exit.	Will be scheduled	when the above	activities are
NUMBER OF ALLOW	TED ABSENCES:	NUMBER C	OF ABSENCES	FROM TRAN	SFER IN:
	E: (You may submit a written e personnel for assistance or re	-			d to determine your
Program Fee: \$ Balance for Re-instate: \$			Transfer In: \$		
Down Payment: \$	Receipt Num	nber:			
Payment Arrangement	s: (Circle One) Stand	lard	Extended	Genera	al Assistance
Balance Due: \$	To be paid in:	Month	ly Payments of	\$	
1st Pmt. Due Date:	With a final payme	ent of: \$	On Date	2:	
All program fees, incluissued. Additional Fees	ding additional fees if ass are due as they occur.	sessed, must	be paid before	a completion	certificate is
Rescheduling Fee \$25.0 fee \$75.00 (You must p forms \$15.00, Late Payr	NCLUDE: Leave of Abserco, Bad check fee \$30.00, ay for all services received ment Fee \$35.00. You will minimum (18-Month Pro	Transfer in f d prior to dis be charged s	ee \$135.00, Trar smissal in order \$28 for each add	nsfer out fee \$5 to re-instate. litional Face t	50.00, Re-instate), Research DMV to Face above and
-	issed from the program, ye credit for completed ac			am within two	years from the
additional fees assessed may delay the issued co	ement; I acknowledge tha d in full prior to completi ertificate to DMV. All pay A late payment fee will b	on and issue ments and a	ed certificates. And ditional fees a	An extended pare due on the	oayment plan
Signature of Participant:			Date:		
Signature of Program I	Representative:			Date	2:
Revised 09/10/25 Effective 1	0/1/25				