



1 STOP Defensive Driving & DUI / RRP 10089

111 US Hwy 80 SE Pooler GA 31322

912-988-3063 888-763-0481 Fax

www.1stopdriving.com

2923

RISK REDUCTION ASSESSMENT COMPONENT CONTRACT

Assessment Component Cost: \$100.00

Amount Paid: \$ _____

Student/Offender Last Name First Name Middle Name Suffix

Student's Address City State Zip

Student's Date of Birth Student's Social Security Number Student's Email Address

Student's Telephone No. Driver's License Number State of Issuance

111 US Hwy 80 SE Pooler GA 31322

Location where Student Assessed Program Official Administering Assessment Date Assessment Administered

I, the undersigned Student/Offender, agree to complete the Assessment Component administered by the above-named DUI Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services.

ABOVE-NAMED STUDENT/OFFENDER AGREES TO THE FOLLOWING CONDITIONS:

By signing below, you are affirming that you have read, understand, and are willing to comply with each condition specified.

- Assessment results are valid for a period of one (1) year immediately following completion of the Assessment.
This Assessment is valid only for the conviction(s) and/or plea(s) of nolo contendere for which you are currently enrolling.
The Assessment results cannot be transferred to any other certified Program, including programs under the same ownership.
To complete the Assessment Component at least 30 minutes prior to the beginning of the Intervention Component.
To Transfer the Assessment results to a Clinical Evaluator, there may be an additional fee up to \$25.

ABOVE-NAMED PROGRAM AGREES TO THE FOLLOWING CONDITIONS:

By signing below, Program Official is affirming that he/she has read, understands, and is willing to comply with each condition specified.

- This Program has, and shall maintain, to protect the contractual rights of students/offenders, a performance bond in the face amount of \$10,000 per program location.
This Program will not refund any fees if the Program is willing and able to fulfill all terms of this contract.
This Program shall provide the Student/Offender with a written schedule of classes for the current quarter, to include dates, times and location of class.
Upon receipt of the transfer fee (if required) and signed authorization, the program shall forward the Assessment results to the chosen Clinical Evaluator within five (5) business days.

This agreement constitutes the contract between the above-named DUI Alcohol or Drug Use Risk Reduction Program and the above-named Student/Offender. No verbal statement will be recognized.

THIS AGREEMENT CONSTITUTES A RECEIPT FOR PAYMENT OF ASSESSMENT FEES. Assessment fees are set by Georgia statute. No Program may deviate from set fees.

The above-named Student/Offender acknowledges that he/she has read this agreement or that it has been read to him/her, and that he/she has received a written schedule of classes, and that he/she can complete class at this program location.

Signature of Student/Offender Date

Signature of Authorized Program Official Date

IMPORTANT STUDENT/OFFENDER INFORMATION

Georgia law requires anyone whose Georgia driver's license or driving privileges have been suspended or revoked as a result of certain alcohol and drug violations, including Driving Under the Influence (DUI) and violating Georgia's Controlled Substances Act, to successfully complete a DUI Alcohol or Drug Use Risk Reduction Program from a certified program and show proof thereof as a condition of reinstatement. Individuals charged with or convicted of other offenses may also be required to complete a Risk Reduction Program at the direction of the court or as a condition of probation.

COMPLETION OF THE DUI ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

The Georgia Risk Reduction Program consists of two (2) components: the Assessment Component and the 20-hour Intervention Component. The Assessment Component consists of a questionnaire, the results of which are used by the Instructor of your Intervention Component to address issues concerning your beliefs and behaviors related to drugs and alcohol and driving. The results of your Assessment Component are confidential, and will not appear on your driving history. If you have questions, please talk to your Instructor after you begin class. You will be issued a certificate of completion only after you successfully complete both the Assessment and Intervention Components.

You must arrive on time and participate in the discussions and activities. An excused absence includes, but is not necessarily limited to, emergency military leave, a medical emergency involving a student/offender or an immediate family member thereof, the death of a student's immediate family member, or a bona fide emergency documented in writing and approved by the Program Director. The student must provide a written excuse from a doctor, military commanding officer, or documentation of other emergency acceptable to the Program, within 7 days following the missed session to be eligible for an excused absence. The student will be rescheduled one time at no charge. If the student reschedules for a class that begins within 60 days of the missed session, the student may begin at the missed session and continue the course until completed. If the student reschedules for a class that begins more than 60 days after the missed session, the student must start from the first session of the course. The Instructor or Program official may expel a student/offender for any violation of program requirements described in the Intervention Component contract. Students/Offenders expelled for failure to meet the conditions of the Intervention Component contract will forfeit the \$255.00 course fee.

O.C.G.A. §40-5-81(a) expressly prohibits judges, probation officers, law enforcement officers, and other court employees from requiring you to attend a particular Risk Reduction Program. However, a judge or probation officer may require you to submit a copy of your certificate of completion to one or both of them as part of your sentence in your criminal case. Additionally, a judge or probation officer may require you to attend another substance abuse program in addition to the Risk Reduction Program.

The Department of Driver Services only accepts original certificates of completion. Photocopies and facsimiles are not accepted.

CLINICAL EVALUATION AND SUBSTANCE ABUSE TREATMENT

Effective July 1, 2008, all first time DUI offenders are required to obtain a clinical evaluation, unless waived by the court. And, depending on the results of the clinical evaluation, you may be required to complete a substance abuse treatment program. DUI offenders who get a second or subsequent DUI within a 10-year period are required, as a condition of license reinstatement pursuant to O.C.G.A. § 40-5-63.1, to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program.

Neither a clinical evaluation nor substance abuse treatment program is the same as Risk Reduction. Therefore, you cannot substitute one for the other. Clinical evaluators and treatment providers are regulated by the DUI Intervention Program, which is part of the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD). Any questions you have regarding the clinical evaluation process or substance abuse treatment program should be directed to the DBHDD DUI Intervention Program. The Risk Reduction Program you choose to attend may not be able to tell you if clinical evaluation and treatment are required for you to get your driver's license or driving privileges reinstated. It is your responsibility to obtain this information from the Department of Driver Services at 678-413-8400.

Some Risk Reduction Programs may have a Clinical Evaluator available on staff, but in no way does this obligate you to get your clinical evaluation at their program. Your Risk Reduction Program provider can supply you with a registry of approved clinical evaluators and treatment providers in your area. You may choose anyone from the approved list. This list can also be viewed online at the following website: <http://www.mop.uga.edu/cetp/DUIIPwebsite/index.htm>. After you choose an evaluator, you will need to sign a Release of Information form so the Risk Reduction Program can send a copy of your assessment to the evaluator. Risk Reduction Programs may charge up to a \$25 fee to transfer Assessment results to a clinical evaluator. Information related to the cost of substance abuse treatment can be found on the DUI Intervention Program's website, <http://www.mop.uga.edu/cetp/DUIIPwebsite/index.htm>.

The evaluator and the Risk Reduction Program cannot refer you to a particular treatment provider. In addition, you cannot receive treatment services from the person who conducts your clinical evaluation. If you have someone in mind for treatment, do not select that person for your clinical evaluation.

I have read the above information, or the program has read it to me. I have received a copy of this form. The program has given me a class schedule showing the dates and times for the 20-hour Intervention Component. I can attend class at this location on the scheduled dates.

Signature of Client

Signature of Program Representative

Date

Date



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20-Hour Intervention Course	\$ 235.00
Program Materials Fee	\$ 20.00
AMOUNT PAID	\$ _____

RISK REDUCTION INTERVENTION COMPONENT CONTRACT

Student/Offender Last Name	First Name	Middle Name	Suffix
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Student's Address	City	State	Zip
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Student's Date of Birth	Student's Social Security Number	Student's Email Address
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() Student's Telephone No.	Driver's License Number	State of Issuance
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111 US Hwy 80 Pooler GA 31322	RRP10089	
Location where Student/Offender Assessed	Program Administering Assessment	Date Assessment Administered

111 US Hwy 80 Pooler GA 31322
Location where Intervention will be delivered

Intervention Course Schedule

	Instructor Name(s)			Instructor Certification No.		
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Date	Fri	Sat	Sat	Sun	Sun	
Start Time	6:00 PM	8:30 AM	1:30 PM	8:30 AM	1:30 PM	
End Time	10:00 PM	12:30 AM	5:30 PM	12:30 AM	5:30 PM	

Use this section only if the original course schedule, as indicated above, changes. Student/Offender and Program Official must initial and date.

	Instructor Name(s)			Instructor Certification No.		
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Date						
Start Time						
End Time						

THE ABOVE-NAMED STUDENT/OFFENDER DOES HEREBY AGREE TO THE FOLLOWING CONDITIONS:

By signing below, you are affirming that you have read, understand, and are willing to comply with each condition specified.

- To arrive on time for each Session. Students/Offenders arriving late will not be admitted.
- To be sober and drug free.
- To attend all Sessions in sequence as scheduled. A Student/Offender is not allowed to attend the next session after missing a class.
- That Student/Offender must pass the final exam with a grade of 70% or more in order to obtain a Certificate of Completion.

THE ABOVE-NAMED PROGRAM IS BOUND BY THE FOLLOWING CONDITIONS:

By signing below, the Program Official is affirming that they have read, understand, and is willing to comply with each condition specified.

- A minimum of five (5) paid Intervention contracts are required to hold a course. In the event a course is cancelled, the Student/Offender is entitled to a full refund of course fees. The Student/Offender may opt to attend a future course offered by the Program or have his or her Assessment results transferred to another Program of his or her choice at no fee.
- Course fees will not be refunded if the Program is willing and able to perform all conditions documented in this contract.
- No agent of this Program shall subject the Student/Offender to solicitation of any product or service.
- No agent of this Program shall imply to any Student/Offender that completion of this course will guarantee reinstatement of a driver's license. However, this Program shall issue a "Certificate of Completion" to the above-named Student/Offender at the end of class when all course requirements have been satisfactorily completed.
- This Program has and maintains, for the protection of the contractual rights of the Students/Offenders, a surety bond in the amount of \$10,000 per program location written by a bonding company authorized to do business in the State of Georgia.

I understand that this agreement constitutes the entire Intervention contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program and the above-named student. No verbal modifications will be recognized. I understand my respective responsibilities and agree to abide by the terms of this contract.

THIS CONTRACT IS A RECEIPT FOR PAYMENT OF ALL COURSE FEES. Course fees are statutorily mandated. Programs are allowed to charge a fee of up to \$20.00 for a replacement Certificate, pursuant to Ga. Admin. Comp. Ch. 375-5-6-.23(16).

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PROGRAM OFFICIAL

DATE

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Signature of Client

Signature of Program Representative

Date

Date

RC-RRP-502 (06/14)