

CONFIRMATION AND ACCEPTANCE OF DUI ASSESSMENT, FREEDOM OF CHOICE STATEMENT AND FEE AGREEMENT

As a result of my conviction for Driving Under the Influence (DUI) I understand that I am required by KRS189A to receive a DUI assessment and to complete a program at the level of care identified by my assessment.

FREEDOM OF CHOICE

- 1. I understand that I may select and certified DUI agency to provide me with my DUI assessment. I have freely chosen ASAP at Wilson Place to conduct my DUI assessment at a cost of \$90.

INITIAL _____

- 2. I understand that once my assessment is completed, I may choose to attend a program at the level of care identified during my assessment at any certified DUI agency. I have freely chosen ASAP at Wilson Place to provide my program.

INITIAL _____

CONFIRMATION/ACCEPTANCE OF ASSESSMENT

I confirm that I have participated in and received the results of my DUI assessment and I have been identified as needing the following level of care:

20-Hour Education

Outpatient Treatment

Intensive Outpatient Treatment

Residential/Inpatient Treatment

INITIAL _____

FEE AGREEMENT

The requirements and fees for completion of this program have been explained to me in detail and I agree to pay all fees and to attend all required sessions. I understand that in accordance with KRS 189A, non-payment of fees for this program will result in a report of non-compliance being sent to the court and may results in a bench warrant for my arrest being issued by the court.

INITIAL _____

I also understand that if I fail to accurately disclose all of my outstanding DUI arrests and/or convictions, the program I complete may not meet the requirements for reinstatement of my driver’s license.

INITIAL _____

I have read and fully understand the statements initialed above and I have discussed my assessment and recommended program with a certified DUI assessor.

Client Signature

Date

Certified DUI Assessor Signature

Date