

MULTIPLE OFFENDER PROGRAM CONTRACT

The NAPA COUNTY DUI MULTIPLE OFFENDER PROGRAM (MOP) provides information a minimum of 18 months education and counseling to a) encourage individuals to identify and resolve alcohol-related problems and behaviors; b) support positive changes in lifestyle and c) protect the public and safety upon roads and highways.

I, _____ (client), was interviewed by a NCDUIP staff member and my questions were answered. I agree to abide by the following program rules and regulations:

- A. I agree to attend and participate in 6 two-hour educational sessions for a total of 12 hours. Each session has a maximum enrollment of 35 participants.
- B. I agree to attend and participate in a total of 52 hours of group counseling. Each session lasts 1 hour 20 minutes, or 2 hours. There are up to 15 participants in each group.
- C. I agree to attend face-to-face interviews with my counselor for a minimum of 15 minutes every other calendar week during the first 12 months of the program.
- D. I agree to attend and participate in 6 one-hour, once-a-month community re-entry groups.
- E. I agree to attend the program for a minimum of 18 months and to complete the educational, group, and face-to-face requirements as well as pay my program fees. I understand that a certificate of completion (DL101) will not be issued until these requirements are met.

ABSENCE POLICY:

- F. I agree to be prompt and to keep all appointments. I understand I will be returned to court if I exceed the 18-month MOP absence limit of 10 absences, 12-month MOP limit of 8 absences limit for the 12 month program. I understand that each activity missed in one day is counted as a separate absence.
- G. I understand that Title IX states that if a participant is out of the program for more than 2 years the participant must restart the program.

LEAVE OF ABSENCE:

- H. If I need to be absent from the program for more than 21 consecutive days, I will request a leave of absence from the program. I agree to request a leave of absence, in writing, at least 2 weeks in advance. A leave of absence may only be requested for the following reasons: Military duties, work-related travel, illness, treatment for chemical dependency, incarceration, planned vacations, family emergency or personal hardship. A leave of absence will only be approved if program fees are paid as agreed.

PROGRAM FEES:

- I. I agree to pay a Program fee of \$1737.25. I agree that all payments shall be in the form of check, money order, or credit card (Visa & M.C. only). **Final program payment with credit/debit card (Visa or MC) or Money Order only.**
- J. "Notice of Completion" will be issued within 10 calendar days.
- K. Additional fees include:

\$30.00 Returned Check Fee	\$50.00 Re-Admit Fee
\$30.00 Absence Fee	\$25.00 Leave of Absence Fee
\$50.00 Transfer-out monitoring Fee	

PROGRAM SOBRIETY

- L. I agree that total abstinence from alcohol and drugs is the goal of my participation in the program.
- M. I agree not to have any alcohol or other mind-altering drugs in my system 24-hours prior to my participation in any program activity. I agree to take a test upon request of a DUI program staff member, and agree not to drive under the influence.
- N. I understand that I will be dismissed/returned to court for violation of program sobriety.

TRANSFER

- O. I agree to contact NCDUIP at least two weeks before transferring to any other licensed Multiple Offender Program within the State of California
- P. I understand that I will be returned to court if I fail to commence participation in the Multiple Offender Program within 21 days of my last participation at the Napa County DUI Program.

DISMISSAL FROM PROGRAM

- Q. I understand that I will be referred back to court for any of the following reasons:
 - 1. Exceeding the Multiple Offender Program limit of 10 absences (or 12-month program limit of 8 absences).
 - 2. Failure to maintain program sobriety.
 - 3. Failure to comply with DUI Program rules and regulations.
 - 4. Failure to participate in program activities for 21 consecutive days without obtaining approval for leave of absence.
 - 5. Failure to participate within 21 days of transfer to a new, approved service provider.
 - 6. Failure to comply with additional county requirements which have been approved by the California Department of Alcohol and Drug Programs.
 - 7. For physically or verbally abusive behavior to program staff or other program participants.
 - 8. Failure to pay program fees within 60 days of the date due or schedule a financial assessment.
 - 9. Absent from two consecutive re-entry groups.

- R. Upon dismissal from the program, I understand that I must contact the court of my conviction and be re-referred in order to be re-enrolled in the program. If I am not attending the program pursuant to a court order, I may re-admit to the program without a court re-referral but I will be required to remain out of the program for 30, 60, or 90 days, depending on whether it is my first, second, or subsequent dismissal. I understand that I must be re-enrolled in the program within 2 years of dismissal in order to receive credit for my program participation prior to non-compliance.
- S. NCDUIP may refuse to re-instate a participant if dismissed because he/she was physically or verbally abusive to program staff or other program participants.

Business Hours	Program Hours
10:00 AM – 7:00 PM Mon-Thurs.	10:00 AM – 9:00 PM Mon – Fri.
10:00 AM – 3:00 PM Friday	
Closed Weekends and Holidays	Closed Sundays & Holidays

The program facility will be open earlier or later when program activities are scheduled.

NAPA COUNTY DUI PROGRAM will provide services in accordance with all applicable Federal, State, County and Municipal laws, ordinances, regulations, certification standards, and provisions pertaining to confidentiality of records.

THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF AND AGREEMENT WITH THIS DOCUMENT.

Participant's Signature

Date

NCDUIP Representative Signature

Date

NAPA COUNTY DUI PROGRAM

FEE PAYMENT AGREEMENT (WITHOUT FINANCIAL ASSESSMENT)

By signing this agreement, I acknowledge that I have received my right to a financial assessment conducted in accordance with the California Code of Regulations, Chapter 3, Division 4, Title 9, Department of Motor Vehicles completion certificate shall not be issued until all program fees are paid in full.

I, _____, understand that:

1. I am liable for the total program fee as well as any additional fees which the program is approved to assess: (Make-up classes, Transfers, Reinstatement, etc.).
2. The total program fee shall be paid within the mandated duration of participation or the extended payment plan if requested of and granted by the program.

I also understand I may request a financial reassessment: 1. If two or more consecutive scheduled payments are missed; or 2. Prior to dismissal from the program for failure to pay the program fee.

PAYMENT SCHEDULE

TOTAL PROGRAM FEE	\$ 1,737.25
Registration Charge	\$ 200.00
Program Fee Paid to Date	\$ 1,737.25
Unpaid Balance	\$ 0
Monthly Payment Amount of \$ 153.75 is due on 1/28 and on that date each month until program fees are paid.	
Explanation:	
Signature of Participant	Date
Signature/Title of Program Representative	Date

NAPA COUNTY DUI PROGRAM

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

 6WK FOP FOP6 FOP9 12MOP X 18MOP

I, _____, hereby consent to
(Name of Participant)

Communication between Bay Area Community Resources and

_____ County Court, Probation, Parole, California

DMV, or any other referring agency and _____
(Name of family member or significant other)

Consent to disclose is required in order to inform, when necessary, the criminal justice agency(s) listed above of my attendance and progress in treatment and recovery. The extent of information to be disclosed is information concerning my participation in the program and my compliance with the rules of the program.

I understand that this consent will remain in effect and cannot be revoked by me until:

 there has been a formal and effective termination or revocation of my release from confinement, probation or parole or other proceedings under which I was mandated into this treatment program, or

 60 days after Completion of the program and/or Case Closure

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug program participant records and those recipients of this information may re-disclose it only in connection with their official duties.

(Date)

(Signature of Participant)

(Date)

(Signature of Counselor)