

## Valley ASAP Agreement to Participate

You have been referred to Valley Alcohol Safety Action Program. This program is designed to provide probation and intervention services to the courts. As part of your ASAP participation it is important that you understand and accept the following requirements:

1. I understand that I am to obey all Municipal, County, State and Federal laws and ordinances.
2. I agree to meet with my case manager at the ASAP office as requested to discuss my case.
3. I agree to report for all supervision contacts with my case manager during the entire term of my restricted driver's license or assigned probationary period. Failure to keep appointments or contact with my case manager can result in my case being returned to court.
4. I agree to report immediately to my case manager and the court of any change of address, telephone number, employment or any other changes which may affect my probation status and restricted driver's license. Restricted driver's license must be amended with the new changes at the court in which the conviction took place.
5. I understand that it is my responsibility to report any arrests to my case manager within 48 hours of the arrest. Any subsequent traffic, alcohol or drug related offense is in violation of my ASAP probation.
6. I understand that I am to be truthful and cooperative with all ASAP personnel and with agencies to which I am referred for services.
7. I agree to comply with the rules, regulations and recommendations of any education and/or treatment agency an/or community service site to which I am referred for services.
8. I understand Valley ASAP has a ZERO TOLERANCE of alcohol or other drug use during my probationary period, during any appointment, meeting, class or worksite unless prescribed by a physician. I further understand that I may be required to take a breath test or urine screen to verify that I am alcohol and drug free. All violators of this policy will be returned to court as non-compliant or referred to outpatient and/or in-patient treatment.
9. I understand that if I am required to have Ignition Interlock device on my vehicle that any positive reading may result in my case being returned to court. If I have a failure on the device that is considered an alcohol violation. Ignition Interlock will be installed for a minimum period of six months or for the duration of the restricted license.
10. I understand that I may be reclassified and/or given additional requirements if the terms of my probation are violated.

### Program Fees

11. I understand that the Court has assessed an ASAP fee for my participation in the program. I understand that failure to pay the court assessed fee is a violation of the terms of probation and will result in being returned to court for non-payment. I further understand that this fee is non-refundable.
12. I understand that I must pay any reasonable additional fees, such as treatment fees, rescheduling costs, drug screens and Ignition Interlock which may be necessary to satisfy the conditions of my probation.

### ASAP Groups and Attendance

- I understand that I am required to attend all sessions. Absences will only be excused for sickness or death of an immediate family member. Appropriate documentation must be provided to your case manager. There will be a \$25 make-up fee for all unexcused absences.
- If a session is missed, whether excused or unexcused, my case manager must be contacted within 48 hours to provide me with a re-entry form. I will not be readmitted to my class without this form.
- I understand that I must be on time for all scheduled classes, appointments, and/or community service. If you are late you will not be allowed into class. You will need to contact your case manager to be re-admitted into class.
- I understand that breath tests will be administered at each group session and that I must be alcohol free. Community service worksites are also alcohol free.
- If I have any questions concerning my participation in ASAP, I will contact my case manager at (540) 886-5616.
- I have read the above and/or had the above read and explained to me. By my signature or mark below I acknowledge receipt of the Terms of Probation and understand and agree to the conditions set forth. I understand that failure to comply with any of the Terms of Probation may result in my case being returned to court.

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Probationer's Signature

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Date