Advertisement
Prices effective: October 1, 2012

www.floridasafety.org
Online Registration Available

DUI COUNTERATTACK PROGRAM
REGISTRATION INFORMATION

ORANGE COUNTY	SEMINOLE COUNTY	OSCEOLA COUNTY
Florida Safety Council 1505 E. Colonial Drive **Orlando, FL 32803** (407) 896-1894 Registration: M-F 8am-4pm/Sat 8-10am Office open: M-F 8am-6pm/Sat 8am-noon	Florida Safety Council 7800 S. US Hwy 17-92, Suite 100 **Casselberry, FL 32730** (407) 831-7200 Registration: M – F 8am-3pm Office Open: M – F 8am-5pm	Florida Safety Council La Mirada Plaza, Suite 124 3501 W. Vine Street [S.R. 192] **Kissimmee, FL 34741** (407) 846-2555 Registration: M - F 8am - 3pm Office Open: M - F 8am - 5pm

BREVARD COUNTY

Florida Safety Council
(Just south of Hibiscus)
1515 Elizabeth St., Suite C
Melbourne, FL 32901
(321) 952-5327

Registration: M – F 8am-3pm
Office Open: M – F 8am-5pm

Florida Safety Council (2nd floor)
250 N. Courtenay Pkwy, Ste 201
Merritt Island, FL 32953
(321) 631-2347

Registration: M – F 8am-3pm
Office Open: M – F 8am-5pm

- **REGISTRATION TAKES APPROXIMATELY TWO HOURS, SO PLEASE PLAN AHEAD.**

- **Level I Course (12 hours) – For clients with No Prior** DUI or Reckless Arrest, Suspension or Revocation in Lifetime, in any state.

- **Level II Course (21 Hours in addition to a Self-Help Meeting) – For Clients with prior** DUI, DWI, DWAI, or Reckless Arrest, Suspension, Revocation, or Level I class in Lifetime, in any state.

- **Documentation required when enrolling in the DUI Program:**

  1. Driver License Number
  2. Arrest Affidavit (Arrest Report or Traffic Crash Report) - must be a legible copy
  3. Citation or Notice of Suspension – must be a legible copy
  4. Results of Breath or Blood test, Urinalysis results, Refusal Slip
  5. Court Disposition, Court Order, Pre-Trial Contract – (if have already appeared in Court)
  6. Picture ID—Government Issued, US Passport, Student ID, Booking Photo (Cannot accept military IDs).
  7. Complete, official Lifetime Florida Driving Record ***(See Note Below)**

  ***The complete, official Lifetime Florida Driving Record will be processed by the Florida Safety Council at the time of enrollment**. If the MVR is supplied by the student, the Driving Record must be an official DHSMV-based printout, less than 15 days old for a Florida record and less than 30 days old for an out of state record, and reflect a lifetime record. If another state issued the Driver License, the lifetime record from that state will also need to be provided by the student.

- **Evaluations are provided at all office locations. Daytime and evening evaluation appointments are available.**

- **Courses & Evaluations offered in English and Spanish only. ADA Services provided (ASL).**

Other Languages will require provision of an interpreter at Student's own cost.

Tuition Fees	
Level I Course Tuition: $250.00	Level II Course Tuition: $390.00
*Tuition Fees are effective as of October 1, 2012	

****

Reassignment Fees				
Classes	1st Reschedule	2nd Reschedule	3rd+ Reschedule	After 90 days or Under the Influence
Level I	$ 40.00	$ 75.00	$ 153.00	$ 250.00
Level II	$ 60.00	$ 120.00	$ 238.00	$ 390.00

Evaluations	1st Reschedule	2nd+ Reschedule	After 90 days or Under the Influence
Level I	$ 75.00	$ 153.00	$ 250.00
Level II	$ 75.00	$ 153.00	$ 390.00

** Tuition Fees are approved and Reassignment Fees are set by the Department of Highway Safety and Motor Vehicles; and include the $15.00 DUI State Assessment Fee and $5.00 Driver Risk Inventory Fee. Tuition Fees are subject to change at the direction of the Department of Highway Safety & Motor Vehicles. **Tuition fee is valid for only 90 days from date of enrollment and is not refundable.** After 90 days the full tuition is paid again and both evaluation and classes are started over again. Classes always start over with class session 1. If the student arrives at a class session or the evaluation appointment under the influence of alcohol or other drugs, the full fee will be paid again. If student's behavior is disruptive or threatening, he/she may be dis-enrolled. Tuition Fees are not refundable.

****

Miscellaneous Fees	
Evaluation Only & Reschedule Fee – Florida Case	$75.00
Evaluation Only & Reschedule Fee – Out of State Case	$150.00
Driver Risk Inventory Fee	$5.00
MVR - Florida Lifetime Driving Record	$15.00
MVR - Out of State Driving Record	$1 + Actual Cost (varies)
Transfer Fee – DUI Program	$25.00
Transfer Fee - Referral to a Different Treatment Agency	$15.00
Administrative Refund Fee	$25.00
State Assessment Fee	$15.00
Duplicate Certificate Fee	$15.00
Out of State Paperwork Processing Fee	$75.00
Online Registration Processing Fee	$7.00
Saliva Screening Fee (per class session and evaluation)	$1.50 (Total cost up to $12)
Copying Fee - Per Page	$0.25
Insufficient Funds (Bad Check/ Credit Card) Fee	$25.00
Treatment Verification Form 77096 (Reprieve)	$10.00

Fees are payable in cash, money order, or credit card and are subject to change without prior notice.
Please contact our offices to confirm pricing.

STUDENT CONDUCT:

The Department of Highway Safety & Motor Vehicles Administrative Rules allow the DUI Program to

1. **DIS-ENROLL or REFUSE to ENROLL** any individual who
   - **Refuses** to complete the folder information, answer the testing instrument,
   - **Refuses** to actively participate in the evaluation appointment or the class sessions.

2. **DIS-ENROLL** or **REFUSE to ENROLL** any individual who is
   - **Disruptive** or
   - **Unwilling to Comply** with the rules and procedures of the Program.

DISRUPTIVE BEHAVIOR is defined as using abusive, threatening language or gestures; shouting or using profanity at staff or at other students; or behavior which would be unacceptable in Court.
DISRUPTIVE BEHAVIOR may result in a call to 911 for escort from the premises, and possibly a No Trespass Order. A report of the incident will be sent to the Court and /or Probation.

NO WEAPONS: In addition, no student will be allowed to bring any deadly or dangerous weapon to registration, class session or evaluation appointment. This includes guns, knives, scissors, box cutters or any other item that can be used as a weapon. Bringing such items to any DUI related function will result in immediate dismissal from the function, a call to 911 for escort from the premises, and may result in disenrollment from DUI School.

PHOTO IDENTIFICATION: I acknowledge that I must bring a **Photo ID** to class and will present that ID to the instructor when requested. I understand that failure to bring a Photo ID will result in dismissal from class and I will be charged a rescheduling fee.

These guidelines were established to provide all students with a positive and safe learning environment.

_____ _____

Student Signature Date

CLIENTS UNDER THE INFLUENCE

According to Florida Administrative Rule 15A-10.016 & 10.021, the DUI School shall dismiss any client from the premises who is believed to have consumed alcohol or illegal drugs, or abused prescription medication or any other substance as evidenced by possession, behavior, odor, observation of consumption, or the student's own admission.

THE FLORIDA SAFETY COUNCIL CONDUCTS RANDOM ALCOHOL SCREENINGS.

All clients will be subject to random alcohol screenings at any time during the registration, evaluation, or education process. Clients **will** be dismissed for the following:

1. A positive alcohol screen.
2. Clients who refuse the alcohol screening.
3. Clients who cannot fully participate in registration, evaluation, or classes.
4. Clients who exhibit symptoms consistent with alcohol or drug use.

Dismissal for cause may occur at any time and without prior notice.

Clients who are dismissed will be required to:

1. Re-register after a 24 hour waiting period.
2. Pay full fees.
3. Re-start the DUI process from the beginning.
4. Arrange for alternate/safe transportation if driving.

By my signature below, I affirm that I have read and understand these rules and that Florida Safety Council personnel have satisfactorily answered all of my questions regarding this document.

_____ _____

Client Name **Date**

ALCOHOL TEST STRIP POLICY

According to Florida Administrative Rule 15A-10.016 & 10.021, the DUI School shall dismiss any client from the premises who is believed to have consumed alcohol as evidenced by possession, behavior, odor, observation of consumption, or the student's own admission.

THE FLORIDA SAFETY COUNCIL CONDUCTS RANDOM ALCOHOL SCREENINGS.

1. The Florida Safety Council charges each client *$1.50 per test strip* per class session and evaluation (approved by DHSMV on October 23, 2012) in which the client chooses to enroll.

2. Clients will be responsible for this fee in totality at the time of registration and in advance of using test strips.

3. If a client is determined to be under the influence during any phase of the registration, evaluation, and/or education process, neither refund nor credit will be issued or applied for any unused test strips.

4. If a client must re-schedule or re-enroll for any reason, neither refund nor credit will be issued or applied for any unused test strips,

5. Clients who re-enroll or re-schedule for any reason will again be responsible for test strip fees for the re-scheduled program components in addition to all other associated, applicable fees.

By my signature below, I affirm that I have read and understand these rules and those Florida Safety Council personnel have satisfactorily answered all of my questions regarding this document.

_____
Print Name

_____ _____
Student Signature Date

CONFIDENTIAL

DUI Program

Dear Student:

Your contact with the DUI Program of the Florida Safety Council consists of enrollment in an education component and an evaluation component. The DUI Program Services provided as part of this enrollment are paid for with the DHSMV established fee, which you paid today.

You have been provided with a DUI class assignment as part of the education component and an evaluation appointment as part of the evaluation component. We are required to report your completion status *90 days from the date you enroll,* whether the status is *completion* of educational classes and evaluation appointment, or *failure to complete both components within 90 days.* If you do not complete *both* the evaluation and education components *within 90 days, both components must be repeated and the Full Course fee paid again.*

To ensure the completeness and accuracy of your evaluation, it is necessary that we gather as much relevant information as possible. To assist us in this task, please complete the attached questionnaire and the separate Driver Risk Inventory answer sheet, as completely and honestly possible. Failure to completely answer all of the questions on the questionnaires will result in your not being accepted for enrollment in the DUI Program. You may be contacted to return to re-take the Driver Risk Inventory Questionnaire if the results indicate an *"invalid test"* for one of several reasons: reading impairment; emotional stress; trying too hard; or guessing, when there are no "good" or "bad" answers; or, providing false information.

Information you provide is protected by the Federal Confidentiality Laws (42 Code of Federal Regulation, Part 2) and will not be disclosed without your written consent.

Your DUI Program enrollment and attendance at the two components: educational classes and the evaluation appointment, are <u>your</u> responsibility. You will receive a registration packet which will include a schedule page, with times and dates for each component. If you miss your evaluation appointment, continue with your class schedule. If you miss a class session, keep your evaluation appointment. Come in person to the office to reschedule the missed component as soon as possible. Consult your registration packet for rescheduling policies and procedures.

The DUI Program **will not discuss your file or attendance with parents, spouses, children or attorneys**. Please understand that the Department of Highways Safety & Motor Vehicles and the Court (if you have been convicted) expect you to meet their DUI Program attendance requirements. *You* must ask questions *in person or send them in writing.* Sorry, no specific information can be given out by telephone.

Our program Staff want to be part of the resolution of your DUI, DUI amended to Reckless Driving, or Florida Chapter 893 Case.

- The DUI Department Staff

I have read this page: _____ *(Client's Signature)*

Name: _____

DUI LEVEL I / LEVEL II Personal History Form

Name _____ Today's Date: _____
Last, First, Middle / Maiden mm / dd / yyyy

DOB: _____ Age: _____ Race: _____ Gender: _____ Marital Status: _____
mm / dd / yyyy M F Single/ Married/ Separated / Div./ W.

1) **Education – check highest level completed**

☐ 8th grade or less ☐ 9th to 11th grade ☐ High School graduate/GED ☐ Technical/Vocational school
☐ Associate Degree ☐ Bachelor Degree ☐ Masters Degree ☐ Doctorate Degree

2) **EMPLOYMENT**

☐Not employed ☐ part time employment ☐ full time employment ☐ retired ☐ disabled

3) Type of work you currently do _____

4) Type of work you have done in the past: _____

INCOME / WAGES

5) I earn approximately $_____ per ☐ hour ☐ week ☐ month ☐ year

MILITARY HISTORY

6) Ever Served? ☐No ☐Yes: Branch:_____ Years Served_____

7) Type of Discharge: ☐Honorable ☐Dishonorable ☐General

GUARDIAN

8) Do you have a legal / plenary guardian? ☐No ☐Yes

If yes, name and contact number (please submit a copy of guardianship documents to be placed in your file):

_____

_____

HEALTH / TREATMENT

9) My overall health is ☐Good ☐Fair ☐Poor

10) Are you **currently** receiving services from any providers? ☐No ☐Yes

☐ Agency: _____ Type of Service: _____

☐ Agency: _____ Type of Service: _____

Name: _____

11) Previous **Mental Health** Treatment: ☐None, I have never had any sessions or treatment.

Dates Agency Service (assessment, outpatient, residential, etc)

_____

_____

_____

_____

12) Previous Diagnosis: ☐None ☐Unknown Or: _____

13) Previous **Substance Abuse** Treatment: ☐None, I have never had any sessions or treatment.

Dates Agency Service (assessment, outpatient, residential, etc)

_____

_____

_____

_____

MEDICATIONS

14) Current Medications: ☐None

Name of Medication Prescribed by: Purpose:

_____

_____

_____

_____

_____

15) Previous medications: ☐None

Name of Medication Prescribed by: Purpose:

_____

_____

_____

_____

_____

Name: _____

16) Do you currently use any O.T.C. (over the counter) medications, herbal remedies or food supplements?

_____

_____

DRUG, ALCOHOL, AND TOBACCO ASSESSMENT

17) **Please complete the following information chart for every drug that you have ever used.**
Circle all current drugs of choice, if prescribed to you mark –Rx- and list in Question 14 or 15:

Type of Drug	Never Tried	Age of First Use	How Often	How Much	Method	Date of Last Use
☐ Never tried any substances listed below						
Nicotine /Tobacco /Chew						
Alcohol						
Marijuana						
Cocaine / Crack						
Amphetamines Methamphetamines						
Xanax, Valium, Benzodiazepines						
Oxycontin, Lortab, Darvocet, Oxycodone						
Heroin						
Methadone						
LSD, Acid, Mushrooms						
GHB						
Inhalants						
Other:						

18) Regarding the use of alcohol, I consider myself to be a**:**

Occasional Drinker ☐
Social Drinker ☐
Moderate Drinker ☐
Heavy Drinker ☐
Recovering Alcoholic ☐

19) Do you feel you might have a problem with alcohol? ☐ Yes ☐No ☐ In the past.

20) Do you feel you might have a problem with drugs? ☐ Yes ☐No ☐ In the past.

Name: _____

The following questions apply to the arrest, the conviction, or the reason that brought you to the Florida Safety Council DUI Program:

21) The day I was stopped or arrested was _____ / _____ / _____ at _____am or pm
Month *Day* *Year* *Time of Day*

22) Why did the officer think you were drinking?_____
(Examples: weaving, speeding, asleep at wheel, DUI checkpoint, crash)

23) ☐ Refused BAC or ☐My breath or blood alcohol test results were _____ *(Ex. 0.09, 0.18, 0.222)*

Give reason if you refused the BAC_____

24) In the twelve (12) hours before your arrest, describe what you had: consumed

☐ Beer - how many glasses or bottles? _____

☐ Non-Alcoholic Beer - how many glasses or bottles? _____

☐ Wine - how many glasses _____

☐ Wine coolers or malt liquor beverages, how many_____

☐ Mixed drinks or liquor, how many_____& type(s) _____
(ex: rum & coke, long island iced tea, scotch on the rocks, 7 & 7)

☐ Shots, how many_____

25) What time of day did you START drinking _____ am or pm

26) What time of day did you STOP drinking _____ am or pm

27) What did you have to eat during the above time period? _____

28) Were you taking any illegal drugs? ☐ No ☐ Yes, what?_____

29) Were you taking any prescription medications? ☐ No ☐ Yes, what?_____

30) Were you taking any over the counter medications? ☐ No ☐ Yes, what?_____

31) At the time of your arrest, could you feel the effects of the alcohol consumed or drug you were had used?

☐ No ☐ Yes, Describe how you felt? _____

32) At the time of your arrest, did you think you were able to SAFELY drive? ☐ No ☐ Yes

33) At the time I was pulled over, I was traveling _____ m.p.h. in a _____ m.p.h. zone ☐ Not applicable

34) I was involved in a crash? ☐ No ☐ Yes, *answer below*:

Number of people hurt in crash_____ Type of Injuries: _____

Number of people killed in crash_____

Estimated Damage Costs $_____ Estimated Medical Costs $_____

35) At the time of my arrest, my driver's license was ☐ Valid ☐ Suspended ☐ Revoked
Why? _____ (examples: insurance, points, child support)

Name: _____

License Information

36) How many years have you been driving? _____

37) List all states (or foreign countries) you have had a driver license

State or Foreign Country	Years / time frame
	/
	/
	/
	/

38) My license has been suspended in the past? (license taken for one year or less)

☐ No, never. ☐ Yes, number of times_____ & Reason_____

39) My license has been revoked in the past? (license taken for 5 years, 10 years, lifetime)

☐ No, never ☐ Yes, number of times_____ & Reason_____

40) In the last year, how many times have you safely driven a car after drinking? _____

41) As the driver, how many crashes have you had in your life? _____,
how many crashes were you at fault or cited for the crash? _____

42) As the driver, how many tickets have you had in your life? _____,
how many tickets involved alcohol? _____,
how many tickets involved drugs or medications_____

43) List all the Driving Under the Influence (DUI, DWI, OWI, DWAI, Reckless substance related) arrests in your lifetime:

Year	Charge/ Arrest (DUI, DWI, etc)	Refusal or BAC of:	County or City	State

44) How old were you when you got your first traffic ticket? _____

45) How old were you when you got your first alcohol or drug related ticket? _____

46) Have you ever been convicted of a traffic offense, which was Reduced or Amended from an original charge of DUI (example: changed from DUI to Reckless Driving alcohol related, etc)?

☐No ☐Yes.
If yes, how many times have you had the charge Reduced or Amended _____

Name: _____

47) Have you ever had any other legal involvement? ☐No ☐Yes If Yes, please complete::
(examples: domestic violence, battery, theft, disorderly conduct, trespassing, drug possession, etc approximate date – Summer 2000)

Date	Charge	Results & Consequences	Was alcohol involved?
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes
			☐No ☐Yes

48) Do you have any legal charges pending? ☐No ☐Yes
If yes, what are the charges? _____

49) Are you currently on probation/ parole/ pre-trial? ☐No ☐Yes, reason? _____

50) Name of Probation/ Parole/ Pre-Trial Officer :_____Phone Number:_____

51) Are you scheduled for any Court or Legal appointments? ☐No ☐Yes

Date_____ County: _____

Purpose: _____

Make sure that you have answered all questions.

The information I have provided is true and correct:

_____

Signature *Date*

If an interpreter was used to translate the questions and assisted with filling-in the answers:

Interpreter's Name_____ Signature_____

If a person read this form to you and assisted with filling in the answers:

Reader's Name_____ Signature_____