

West Central Wisconsin Behavioral Health Intoxicated Driver Program Client Responsibility Agreement

I AGREE if I miss my scheduled appointment and do not notify my assessor of my need to reschedule at least 24 hours in advance, I forfeit my assessment cost. I must then pay the fee in full at the time I come in to reschedule another assessment. No appointments will be made over the telephone.

I AGREE at the time of my assessment I may be subject to alcohol and drug screening. This may include a breathalyzer or urine sample. I understand if I am under the influence of any substance, I may not complete my assessment and will need to reschedule at a fee of \$50. If I do not reschedule within six months, I will forfeit the assessment fee and will need to pay it again.

I AGREE if I need an extension of time, or amendment of provider or treatment agency(including a transfer or residence), I must notify the assessor 45 days prior to the original plan termination date. I will also be required to pay an additional fee of \$50. If my assessor is notified less than 45 days, I may be required to pay additional fees including a new assessment.

I AGREE if I have received an OWI in another state (Minnesota, Iowa, Illinois, etc.) there will be additional assessment fees. Please notify us now to inquire about these fees.

I AGREE if I am placed in non-compliance and there is not reasonable time for me to complete my original Driver Safety Plan, I will need to be re-assessed. If I am placed in non-compliance more than once for any reason, I will need a new assessment. I will need to follow the same procedures to schedule this assessment, including paying the full fee.

I AGREE if I am placed into non-compliance for any other reason (failure to pay treatment fees, missed treatment appointments, etc.) I will be required to pay a fee of \$50 to complete, communicate and file your paperwork with the Wisconsin DOT if the plan has not expired.

I AGREE if it is found out during my assessment that I am not a Trempealeau County resident, I will not receive a refund and will be required to complete my assessment in the county I reside.

I AGREE additional information may be needed to complete my assessment due to complications with paperwork, OWI homicide, multiple state jurisdiction, etc. Though rare, these cases require additional time and will result in a follow up fee of \$50.

I, (_____) acknowledge that I have read and
(Please Print)

understand the above responsibilities.

(Signature)

(Date)

****Please return this completed form with payment of \$275 in form of cash, money order, Visa or Mastercard. Along with this form and payment, your police report/criminal complaint is needed to obtain an appointment****