

Mt. Rogers Alcohol Safety Action Program (ASAP)

Court Diversion Alternatives Program (CDAP)

Driver Improvement Program (DIP)

Pam R. Williams: Director

730 South View Drive, Marion, VA 24354

PHONE: 276-783-7771 (ASAP & CDAP)

276-783-5737 (DIP)

FAX: 276-783-7855

Before you complete the following be advised ASAP FEES are NON-REFUNDABLE.

BE SURE you are required to complete ASAP-check with the DMV or authorities where convicted.

Interviews are conducted at office locations in Marion and Bristol, Virginia.

Class locations are Abingdon, Marion, Galax and Wytheville, Virginia.

The minimum required classes are 20 hours, once a week for 2 hours a night for 10 weeks.

You may be required to attend a longer program depending on intake classification. This will require additional fees be assessed that are not covered under the VASAP fee.

Once we receive the fee we will schedule an intake on the next available date to schedule you for class.

Classes vary and it could take a couple of months before class enrollment. If there is a time frame you are working on you may not be able to complete in that time depending on the class situation.

In order to be enrolled in the Mt. Rogers ASAP Program you will need to comply with the following:

1. Send our office a **MONEY ORDER** payable to **MT ROGERS ASAP**.
Multiple DUI convictions requiring completion of ASAP will mean additional fees.
You can call our office and pay by credit or debit card - after providing the following: See below:

DUI Conviction: \$400 Each conviction has a separate fee.

If you are needing to address another separate DUI conviction that will require an additional \$300 (2 DUI Cases Total \$700.00)

2. Return completed **APPLICATION FOR SERVICES FORM**
3. Provide a **Virginia DMV Compliance Summary**
4. Convictions outside the state of Virginia will require paperwork from that state showing conviction and arrest dates with requirements for completion.
5. Upon receipt of the above requirements we will schedule an intake and send you a letter and receipt. If you do not receive this in 10 days please contact our office.

PRINT INFORMATION:

FULL NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

SS#: _____

By sending in the fee, I acknowledge I understand the contents of this form letter.

Signature: _____

Date: _____

Serving Counties of BLAND, CARROLL, GRAYSON, SMYTH, WASHINGTON & WYTHE & Cities of BRISTOL & GALAX

Application for Services at MT ROGERS ASAP

Please complete & return to:

MT ROGERS ASAP
730 Southview Drive
Marion, VA 24354

Name: _____ Social Security Number: _____

Birth Date: ____/____/____ Age: ____ Driver License Number: _____ State Issued: ____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address: _____ Physical Address: _____

How long have you lived at this address? _____

Why are you applying for services with this agency? (Example: court referred you, DMV referred you, another state's agency is requiring your attendance, etc.) _____

PLEASE LIST ALL VIRGINIA DRIVING UNDER THE INFLUENCE CHARGES:

Offense 1: Court _____ Conviction Date: _____ Offense Date: _____
Offense 2: Court _____ Conviction Date: _____ Offense Date: _____
Offense 3: Court _____ Conviction Date: _____ Offense Date: _____

PLEASE LIST ANY OUT OF STATE OFFENSES:

Offense 1: Court _____ Conviction Date: _____ Offense Date: _____
Offense 2: Court _____ Conviction Date: _____ Offense Date: _____
Offense 3: Court _____ Conviction Date: _____ Offense Date: _____

For which offense(s), do you wish to participate in our program? _____

Did you have a Virginia license at the time of the conviction? _____

Did you complete education and/or counseling in another state for this same DUI? _____

Do you have any pending charges, DUI or otherwise? _____ If yes, explain: _____

Have you received services from this agency in the past? _____ If so, explain: _____

Are you currently receiving services from this ASAP or another agency? _____ If yes, explain: _____

Do you owe any fees to any Virginia Alcohol Safety Action Program (VASAP)? _____

Comments: _____

This application must be submitted with a compliance summary from the Virginia Department of Motor Vehicles. All fees paid to MT ROGERS ASAP are non-refundable. Should you be unclear as to the requirements of DMV or other agency, it is solely your responsibility to seek legal advice from an attorney, or clarity from the referring agency, prior to enrollment. Mt. Rogers ASAP is only responsible for providing the service for which you apply.

I certify I have answered the questions to the best of my ability and seek enrollment into the MT. ROGERS ASAP.

Applicant's Signature _____

Date _____