

MAIL-IN REGISTRATION FORM

Please complete by printing or typing the information in the following spaces:

Last Name _____ First _____ Middle _____ Client Identification # (FOR OFFICE USE ONLY) _____

Address: _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

Race: _____ Sex: _____ Date of Birth: _____ Phone (Home): _____ (Work) _____

Total Number of DUI Convictions: _____ Driver License Number: _____ Social Security #: _____

Arrest Date: _____ County: _____ Charge: _____ Breathalyzer Reading: _____

Have you been to court? ___ Yes ___ No/ If Yes: Court Date: _____ Judge: _____ Probation Officer: _____

The Level I class is for first time offenders who have **NEVER** had a previous DUI or attended a DUI course. The Level II class is for persons who have previously attended the Level I class or have been convicted two or more times of an offense requiring DUI program attendance.

CHECK ONE: Level I Fee = \$ 198.94* Level II Fee = \$ 293.94*
*Includes \$3.94 for certified mailing

Money Order payable to DUI Counterattack, Hillsborough, Inc.

Credit Card Payments: (MasterCard and Visa Only)

Circle one MasterCard / Visa # _____ Expiration Date: _____

Signature: _____

Class schedules and evaluation appointments are made on a first come, first serve basis. **RESCHEDULING OF CLASSES AND EVALUATION APPOINTMENTS MUST BE DONE IN PERSON.**

Please Check ONE:

Please contact me to schedule my evaluation appointment and classes based on my preferences circled below. I will be available between 9:00 a.m. - 5:00 p.m. at (phone number) _____. I understand that if the program is unable to contact me at the given phone number within five (5) days of receipt of this registration form, I will be assigned an evaluation appointment and class schedule based on my preferences circled below.

Please schedule my evaluation appointment and classes based on my preferences below.

Please circle your preference:

Class Location: Tampa Plant City Brandon

Class Days: Weekdays (evening) Weekdays (daytime) Weekends

Evaluation Location: Tampa Plant City

Evaluation Day: Monday Tuesday Wednesday Thursday Friday Saturday(AM)

I affirm all information provided is accurate. I further understand that if I attend a Level I course by giving false information concerning previous convictions or previous attendance at a DUI program, I will be required to complete and pay the full fee for a Level II course. **I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY ALL OF DUI COUNTERATTACK, HILLSBOROUGH, INC.'S (DUIC) PROGRAM RULES.**

Signature _____

Date _____

FAILURE TO COMPLETE ALL OR PART OF THE PROGRAM WITHIN 90 DAYS OF ENROLLMENT WILL RESULT IN NOTIFICATION TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OF FAILURE TO COMPLETE AND FORFEITURE OF ALL FEES PAID.

THIS IS NOT AN ENROLLMENT FORM