

**VIRGINIA ALCOHOL SAFETY ACTION PROGRAM**  
**AGREEMENT TO PARTICIPATE**

*Please read each statement and initial on the line following each statement.*

**As an ASAP participant, you are subject to the following program rules. These rules apply if you are enrolled as a court referral or if you are enrolled satisfying a DMV requirement.**

       I understand that I am required to meet with my ASAP case manager as deemed necessary.

       I understand that I am responsible for keeping my case manager aware of any change of address and change of telephone numbers.

       I understand that am responsible for making my case manager aware of any new criminal or traffic violations.

       I understand that I am responsible for making my case manager aware of any other changes that might affect my ASAP participation.

       I understand that I must pay the ASAP fee in full or set up a payment plan, which I will adhere to. This applies only to court ordered participation. (*Full payment is due at enrollment for DMV cases*)

       I understand that I am responsible for paying a \$25 rescheduling fee for missed ASAP appointments or class.

       I understand that I am responsible to pay the costs of any treatment services that I may receive directly to the treatment provider.

       I understand that I am required to engage and actively participate in ASAP education classes.

       I understand that I am required to attend all ASAP education classes and treatment sessions free of alcohol or illicit drugs.

       I understand that I am required to successfully follow the treatment plan as prescribed by the treatment provider or my case will be in a noncompliance status.

       I understand that I am required to attend all education treatment sessions and comply with attendance policies.

I understand that I am required to submit to a breath test when requested by an ASAP representative.

I understand that if I am under a court order to remain abstinent that I am not permitted to drink alcohol at any time or use any illicit drugs and that I will be required to submit to drug and alcohol testing.

I understand that testing positive for alcohol, illicit drug usage, or having an ignition interlock violation will result in my case being reclassified and may result in my case being returned to court, if under the court's jurisdiction.

I understand that I am required to adhere to this participation agreement and that failure to comply will result in my case being returned to court for noncompliance. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance can result in my case being closed as unsuccessful.

I understand that the Code of Virginia requires that I enter and successfully complete an Alcohol Safety Action Program (ASAP) in order to have my license re-instated. I understand that if I fail to complete the ASAP at this time, that I may re-enroll at a later time and will be required to pay the required enrollment fee(s) and any unpaid ASAP balances.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP.**

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Client Name (*print*)

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Client Name (*signature*)

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Date

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Case Manager Signature

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Date