

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI program for failure to pay the Program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

<u>PHASE I</u>	
Intake/Enrollment:.....	\$62.00
Assessment:.....	\$45.00
Interaction Groups:.....	\$25.00 per hour X (52 hours) = \$1,300.00
Education:.....	\$16.00 per hour X (12 hours) = \$192.00
Face-To-Face:.....	\$9.00 per face-to-face X (26 sessions) = \$234.00
<u>PHASE II</u>	
Re-Entry Groups:.....	\$25.00 per hour X (6 hours) = \$150.00
<u>MONITORING FEES</u>	
County Monitoring Fee:.....	\$43.00
State Monitoring Fee:.....	\$17.00
TOTAL PROGRAM COST	\$2,043.00

ADDITIONAL PROGRAM FEES:

Duplicate DL101/Research	\$10.00
Transfer Out (In County/Out of County)	\$25.00
Transfer Out Fee if on General Assistance Benefit Level.....	\$5.00
Returned check	\$25.00
Missed Activity Fee	\$25.00
Rescheduling Fee	\$25.00
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$ 5.00
Leave of Absence Processing Fee	\$25.00
Reinstatement	\$50.00
Reinstate if on General Assistance Benefit Level.....	\$10.00
Transfer-In Fee (In County/Out of County).....	\$45.00

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$ 2,043.00
Down-payment	\$ 192.00
BALANCE DUE	\$ 1,851.00
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$
Payment 1 of _____ payments is due by _____, with a final payment due on _____.	
Signature of Participant	Date
Signature/Title of Program Representative	Date