

PeaceWay Counseling & Mediation Services, Inc.

2405 Bemiss Road
Valdosta, Georgia 31602
Tel. (229) 333-2351
Fax (229) 333-2353

Prime For Life (PFL) 420 Group Contract

TOTAL HOURS REQUIRED 10 Wks/20-Hrs

Instructions: Read each line and place your initials on the line beside each statement.

_____ 1. I understand that I must participate in the initial orientation and an intake/screening interview. I understand that neither the orientation nor the intake/screening interview count towards the number of sessions required.

_____ 2. I will attend the number of sessions ordered at least once a week. I understand that each session is at least two hours (2 hrs.) length. I will be on time participating adequately, paying all required fees, completing all assignments and adhering to the contract. **I understand the fee is \$45 for each group session and is payable at time of group session.**

_____ 3. I understand that **one (1) absence is allowed**. A **2nd second absence results in termination** from the program unless a leave of absence has been approved by the referral source and the PeaceWay program consultant, prior to the third absence. Any excuse presented for an absence will be approved at the discretion of the Program Director. **If you are terminated from the group you will be subject to a re-enrollment fee of \$75.**

_____ 4. I understand that each time I accumulate **three (3) tardies** this will add an additional session to the total number of sessions I must complete. Please note that no one will be allowed in a session if they are more than **fifteen (15) minutes** late.

_____ 5. I understand that I must submit to and pay **\$40 for random drug screens**. I understand that any positive screens will result in having to complete ten (10) additional classes for each positive result in addition to your probation officer being notified of the positive test. For every positive drug screen you will be given a letter to explain any changes in class schedule and change in fees (if applicable).

_____ 6. I am responsible for all fees to be paid at the time service is rendered. Payment must be in the form of **a money order, cashier's check, credit or debit card**. **NO CASH OR PERSONAL CHECKS**. If debit or credit cards are use there will be a **\$3 processing fee** charged.

_____ 7. I agree to be respectful of others and the group rules. There will be a penalty assessed for smoking in non-designated areas.

_____ 8. I understand that classes may be suspended due to unpaid balances.

_____ 9. I agree to be alcohol and drug free for all Substance Abuse classes.

_____ 10. I will complete the **Substance Abuse Program** where I originally enrolled unless approval to change locations is obtained from the court or other referral and the original program director.

_____ 11. I understand by signing this contract I authorize the release of all information and acknowledge that **Substance Abuse Program** do not limit confidentiality and may release information to referring courts, law enforcement, Department staff and monitors, the Department's Probation Division, the Board of Pardons and Paroles. Participants also acknowledge the **Substance Abuse Program's** duty to warn policy, mandatory reporting requirements and programmatic responses to continued use of mood-altering substances or breaking the contract.

_____ 12. I understand that reporting to class without the handbook will result in an extra class for each day that I report to class without my book. If I must replace the handbook, then I must pay **\$25** to obtain a new book.

_____ 13. I understand that there is a **dress code** for attending sessions. No tank tops, short shorts, or article of clothing displaying drug related wording or pictures.

_____ 14. I understand that all treatment records will be maintained for a period of **seven (7)** years.

I have read or had read to me the above statements, and I understand my responsibilities outlined in this contract for participation in the Substance Abuse Program. Therefore my signature signifies that I accept and agree to the requirements and rules of the Prime For Life 420 Program.

Print Full Name (Legal Name)

Signature of Full Name

Date

PCMS Staff Witness Signature

Date



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CLIENT DEMOGRAPHICS

Name: _____

DOB: _____ Gender: _____ Race: _____

Social Security Number: _____ Email: _____

Telephone Number: Cell _____ Home: _____

Street Address: _____

City, State, Zip Code: _____

Probation Office: _____ Probation Officer: _____

Marital Status: Never Married _____ Married _____

Divorced: _____ Widowed: _____

Employment Status: Employed _____ Unemployed _____ Disabled _____

Full-time Student: _____ Retired _____

Emergency Contact: _____ Ph: _____

Armed Forces Veteran: Yes _____ No _____

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contactus@peacewaycms.com