# PeaceWay Counseling & Mediation Services, Inc.

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

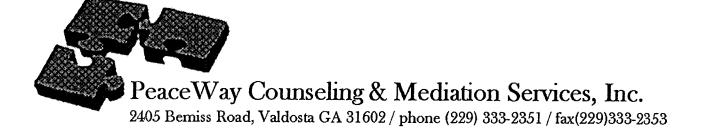
#### Prime For Life (PFL) 420 Group Contract

### TOTAL HOURS REQUIRED 8-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 8 hour session ordered. I understand that I will be on time participating adequately, paying all required fees, completing all assignments and adhering to the contract. I understand the fee is \$150 for the 8-hr group session and is payable at time of group session.
3. I understand that 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 no one will be allowed in a session if they are more than <b>fifteen (15)</b> minutes late.
5. 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.
6. I agree to be respectful of others and the group rules. There will be a penalty assessed for smoking in non-designated areas.
7. I agree to be alcohol and drug free for all Substance Abuse classes.
8. I understand by signing this contract I authorize the release of all information and acknowledge that <b>Substance Abuse Program</b> 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 <b>Substance Abuse Program's</b> 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 report must replace the handbook, then I must page	ing to class without the handbook will result in an extra clast \$25 to obtain a new book.	s. If I
13. I understand that there is article of clothing displaying drug related v	s a <b>dress code</b> for attending sessions. No tank tops, short sh vording or pictures.	orts, or
14. I understand that all trea	ment records will be maintained for a period of seven (7) ye	ears.
contract for participation in the Substant	statements, and I understand my responsibilities outlined te Abuse Program. Therefore my signature signifies that rules of the Prime For Life 420 Program.	l in this I
Print Full Name (Legal Name)	_	
Signature of Full Name	Date	
PCMS Staff Witness Signature	Date	



### **CLIENT DEMOGRAPHICS**

Gender: Race: Email:
Home:
Probation Officer:
Married
Widowed:
l Unemployed Disabled
Student: Retired
Ph:
No

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