

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 **fifteen (15) 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 **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. 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



PeaceWay Counseling & Mediation Services, Inc.

2405 Bemiss Road, Valdosta GA 31602 / phone (229) 333-2351 / fax(229)333-2353

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** _____