

DRIVER INTERVENTION PROGRAM

THE QUALITY PROVIDER OF O.W.I. / O.U.I.L. EDUCATION SERVICES



P.O. BOX 578
RICHMOND, MI 48062

TOLL FREE – PHONE (888) 347-1394 – FAX (888) 347- 9329

ASSIGNMENT TO DRIVER INTERVENTION PROGRAM

Name _____ Date _____

Address _____ Case No. _____

City _____ State _____ Zip _____ Phone _____

BAC _____ Prior Arrests _____

As condition of obligation to the court, you are directed to attend and comply with the 4-Day residential Driver Intervention Program Sponsored by D.I.P. **THE COURT WILL BE NOTIFIED IMMEDIATELY** of your failure to attend **AS SCHEDULED** or failure to comply with the rules of Driver Intervention Program resulting in further action by this court.

2019 SCHEDULE

****REPORTING TIME: 5:30 P.M. THURSDAY EVENING****

QUALITY INN – TROY
2537 Rochester Court
Troy, MI 48083

SEE MAP
ON
REVERSE SIDE

Check the session you will be attending:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> January 10 - 13 | <input type="checkbox"/> April 04 - 07 | <input type="checkbox"/> July 11 - 14 | <input type="checkbox"/> October 10 - 13 |
| <input type="checkbox"/> February 07 - 10 | <input type="checkbox"/> May 09 - 12 | <input type="checkbox"/> August 08 - 11 | <input type="checkbox"/> November 07 - 10 |
| <input type="checkbox"/> March 07 - 10 | <input type="checkbox"/> June 06 - 09 | <input type="checkbox"/> September 12 - 15 | <input type="checkbox"/> December 05 - 08 |

Judge _____ Court _____

Probation Officer _____ Probation Phone Number _____

**** TO ENROLL AS PER ORDER OF THE COURT ****

• Call (888) 347-1394 within 72 hours of RECEIVING this form between the hours of 9 a.m. - 5 p.m. Mon.-Fri. •



DEFENDANT
MUST READ

• Rescheduling Fee \$50.00 •
•• All Major Credit Cards Accepted ••
CONSENT TO ASSIGNMENT



DEFENDANT
MUST READ

I understand consent to assignment also includes the following:

- The registration fee of **\$395.00** (includes housing and meals, private room available for **\$525.00**) will be paid in full by money order or certified check (**no personal checks**) to **Driver Intervention Program prior to the Driver Intervention Program I am scheduled to attend. I understand there will be no refunds.** I also understand it is **mandatory** that I be dropped off at the **Above Location**: I will not be allowed to leave the hotel or make any phone calls. There is **no** Thursday evening meal served. There are no visitors allowed at the program at any time.
- I authorize the above named court to release information contained on this sheet to the Driver Intervention Program.
- I understand that reports of my attendance and meeting other conditions of this assignment will be forwarded to the referring court. This authorization will expire when conditions of this assignment have been met.

Defendant _____ Date _____

White – Court

Yellow – Defendant

Pink – Program Copy