



**OWI 2<sup>nd</sup> OFFENSE WEEKEND PROGRAM  
REGISTRATION FORM**

Online registration is available via [www.assessmentiowa.com](http://www.assessmentiowa.com)

PLEASE REMIT FORM VIA FAX/MAIL/EMAIL OR IN PERSON TO:

ASSESSMENT SERVICES INC.

2159 GRAND AVENUE

WEST DES MOINES, IA 50265 515-327-7036 fax 875-4895 email:

[astodden@assessmentiowa.com](mailto:astodden@assessmentiowa.com)

**REGISTRATION WILL NOT BE PROCESSED WITHOUT PAYMENT**

**Program Location:** Microtel Inn & Suites 8711 Plum Drive, Urbandale, IA 50322

*SECTION A-Registration/Dates*

**DATES OF PROGRAM 2018: (CIRCLE ONE)**

<b><u>JANUARY:</u></b>	January 19-21 & 26-28, 2018
<b><u>FEBRUARY:</u></b>	February 16-18 & 23-25, 2018
<b><u>MARCH:</u></b>	March 16-18 & 23-25, 2018
<b><u>APRIL:</u></b>	April 13-15 & April 20-22, 2018
<b><u>MAY:</u></b>	May 11-13 & 18-20, 2018
<b><u>JUNE:</u></b>	June 15-17 & 22-24, 2018
<b><u>JULY:</u></b>	July 20-22 & 27-29, 2018
<b><u>AUGUST:</u></b>	August 17-19 & 24-26, 2018
<b><u>SEPTEMBER:</u></b>	September 21-23 & September 28-30, 2018
<b><u>OCTOBER:</u></b>	October 19-21 & 26-28, 2018
<b><u>NOVEMBER:</u></b>	November 9-11 & 16-18, 2018
<b><u>DECEMBER:</u></b>	December 7-9 & 14-16, 2018

Office use only: Last Name: \_\_\_\_\_ Gender: Male/Female DOUBLE/SINGLE ROOM

**SECTION B- Identifying**

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Gender: (circle one) Male Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ DL Number (State): \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dietary Restrictions/Food Allergies (please specify): \_\_\_\_\_

Handicapped Accessible Room: Yes No

**Section B - Legal**

*Pursuant to IAC 2.7(1), Your responses will remain confidential*

County of Charge: \_\_\_\_\_ Criminal Case Number: \_\_\_\_\_

Are you on the Sex Offender Registry? Yes No

Have you ever been convicted of a sexual or violent crime? Yes No

If yes, please specify date/county/charge/conviction information: \_\_\_\_\_

Are you currently on probation? Yes No

If yes, name of probation officer/county of supervision: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

**Section C - Emergency**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Section D - Medical**

Have you ever been diagnosed w/ a mental health issue? Yes No

Please Explain: \_\_\_\_\_

List all medications you are using: \_\_\_\_\_

Have you or are you currently having any suicidal/homicidal thoughts? Yes No

Please Explain: \_\_\_\_\_

Do you currently have any conditions we should know about? \_\_\_\_\_

I understand that pursuant to the nature of this program, abstinence from all mood altering substances is mandatory. I understand that as a participant of this program, I will be continuously monitored for alcohol consumption to better simulate a controlled environment. I also understand that a breath test will be administered upon entering the program. ***Failure to provide a negative breath test will result in forfeiture of class fees and denial of entrance to the program.*** I also understand that possession and consumption of illegal drugs is strictly prohibited. I have read and understand this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Indemnity/Release of Liability**

I, \_\_\_\_\_, as a condition of participation in the Polk County 96 hour weekend program for OWI offenders, hereby release and hold harmless Polk County, its employees, officers and directors, Assessment Services Inc., its facility, employees, officers and directors, from any and all liability in connection with any claim of injury or otherwise as a result of participation in this program. My participation in the program is voluntary and I agree I am participating as such. This release includes but is not limited to claims related to wrongful death, personal injury, defamation, slander, libel, invasion of privacy or any other claim or cause of action, whether based upon statute or common law. I have read and understand this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I verify that all statements on this form are true and accurate representations of my situation.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ASI does not discriminate on the basis of race, color, sex, age, sexual orientation, creed, national origin, or disability. Any inquiries into this policy may be directed to ASI administration at (515-327-7036). However, to protect all participants and staff, ASI reserves the right to refuse enrollment subject to a history of violent or sexual offenses.

- I have selected my dates carefully and I hereby understand that once my registration is processed, all fees are non-refundable & non-transferrable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only: Last Name: \_\_\_\_\_ Gender: Male/Female      DOUBLE/SINGLE ROOM

**Section D- Payment**

**AMOUNT DUE: 650.00      SINGLE ROOM OPTION: 1200.00**

Amount Enclosed: \_\_\_\_\_

Payment Type: (Circle) Cash    Money Order    Credit Card    Paypal via ([www.assessmentiowa.com](http://www.assessmentiowa.com))

Credit Card Information:

Name on Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    Security Code: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

- I hereby authorize ASI to debit my card for the aforementioned amount for the non-refundable registration fees.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**PLEASE NOTE: PERSONAL CHECKS WILL BE RETURNED UNPROCESSED. REGISTRATION FORMS SUBMITTED WITHOUT FEE WILL BE RETURNED UNPROCESSED. UPON REGISTRATION, A CONFIRMATION LETTER & PROGRAM INFORMATION GUIDE WILL BE PROVIDED.**

**ONCE PAYMENT IS PROCESSED, REGISTRATION FEE IS NON REFUNDABLE.**