



**COUNTY OF SONOMA
DEPARTMENT OF HEALTH SERVICES**

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Driving Under the Influence Programs

Sonoma County DUI Program – Program Waiver

Pursuant to Title 9, Article 2, Section 9848 (a). Participant Enrollment:

“The licensee, (SCDUI) may enroll any person who presents documentation from the court or the Department of Motor Vehicles verifying his/her arrest or conviction for one of the DUI violations specified in Health and Safety Code Section 11836 (a). Such documentation shall indicate whether the offense is a first, second or third DUI violation”.

I, _____, hereby authorize Sonoma County DUI Program to complete my intake with the information I have provided. I understand that in the event I have provided incorrect information I will be required to stop services and re-enroll in the correct program at my own expense. In that event, I understand I will be charged for all program services received to date, and that I am responsible for any fees not paid for services received.

I request to be enrolled in _____ program.

I acknowledge and understand it is my responsibility to provide accurate enrollment information.

Client Signature

Program Staff Signature (Witness)

Date

Date