

Prime for Life File Checklist

Client Information	Today's Date:
Name: First and Last	
Mailing Address	
City & State	
Phone Number	
Social Security #	Optional
Date of Birth	
Name of Judge/Court	

The following must be acknowledged prior to payment and scheduling. Please initial.	Client Initials
FEE is \$295 (cash or check) which includes the cd assessment and 12 hr course. Completion of the course will not be provided until the fee is paid in full, including notification to the courts of participation. \$325 if payments are needed. 3% service fee will be added for credit cards.	
Refunds will NOT be provided for no shows, cancellations, reschedules, or dismissals. Payment is only valid for 60 days from date of enrollment. If class is not taken within 60 days, enrollment fee will have to be paid again.	
Intoxication during class is not permitted. If intoxication is suspected, ICS has the right to administer a breathalyzer or drug screening and/or dismiss you from class.	

DATE ENROLLED: _____ **STAFF SIGNATURE:** _____

Clinic Use Only BELOW THIS LINE			Staff Initials
Date Court Order Referral Form Received:			
PAYMENT #1 Date Received:			
Amount of Payment:	BALANCE DUE:		
Type of Payment PAYMENT #1 Date Received:	Cash Check Credit Card 1 1 Visa <input type="checkbox"/> MC Discover Am Ex	#	
PAYMENT #2 Date Received:			
Amount of Payment:	BALANCE DUE:		
Type of Payment	Cash Check Credit Card 1 1 Visa <input type="checkbox"/> MC Discover Am Ex	#	
Date Paid in Full:			
CD Assessment Date:			
Class Date Registered for:			
Attendance:	Day 1 Q Day 2		
*Date Documents Faxed to Court:			
Date ACT data entered into SAMS:			
*Fax must include: Court Order Referral Form , Act Evaluation/Recommendation(2 pgs) staff initial			