



Old Dominion Alcohol Safety Action Program

360 Smithfield Ave.

Winchester, VA 22601

P (540) 665-5633

F (540) 678-0730

## Reckless Aggressive Driver Education Program

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RADEP is a 12-hour program for clients charged with non-alcohol related reckless driving and/or aggressive driving offenses. The program is broken down into two separate sessions; an 8-hour session followed by a 4-hour session the next day.

All classes are held in person.

No absences are permitted, and all fees (\$125) are non-refundable. Our office accepts money orders, debit/credit, and cashier's check. No cash!

Enrollment must be completed *no later* than the business day prior to the first day of the session. For more information or to enroll, please visit Old Dominion ASAP at any of the following locations:

860 Smithfield Ave  
Winchester, VA 22601  
M-TH 8AM-4PM

215 Mill Rd  
Woodstock, VA  
Tuesday 8:30AM to 4PM

3 East Main St  
Front Royal, VA 22630  
Tuesday and Wednesday 8:30AM to 4PM

**RADEP**  
**Reckless and Aggressive Driver Education Program**  
**ENROLLMENT FORM**

NAME \_\_\_\_\_  
                    LAST                    FIRST                    MI                    SUFFIX

MAILING ADDRESS \_\_\_\_\_  
                                    STREET  
\_\_\_\_\_  
                                    COUNTY/CITY                                    STATE                                    ZIP

CELL PHONE (    ) \_\_\_\_\_ HOME PHONE (    ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

**REFERRAL INFORMATION:**

COURT JURISDICTION: \_\_\_\_\_  
                                    GENERAL DISTRICT COURT OR CIRCUIT COURT

DATE OF OFFENSE: \_\_\_\_\_

ORIGINAL COURT DATE: \_\_\_\_\_

RETURN COURT DATE: \_\_\_\_\_

I ATTEST THAT ALL INFORMATION LISTED ABOVE TO THE BE TRUE AND ACCURATE.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

## PARTICIPATION AGREEMENT FOR RECKLESS AND AGGRESSIVE DRIVING PROGRAM

I understand that participation requirements are as follow:

1. I must pre-register for the program and pay the \$125.00 fee.
2. All fees must be paid by money order, VISA, Discover or MasterCard
3. I must be on time and attend all assigned sessions.
4. I understand that I will be dismissed from class if I am texting or using my cell phone or any electronic device during class.
5. I must be alcohol and drug free while in the program.
6. I understand if I am disruptive in class I will be required to leave the session and will not receive credit.
7. I understand that fees are non-refundable.
8. I understand that due to the nature of the education materials presented, all classes must be taken in order and no absences are permitted.
9. I understand in the event that I am absent from a session, I will not receive class credit and all fees are non-refundable.
10. I understand that a certificate of completion will be provided to me upon completion of **all** required sessions and that it is my responsibility to provide the certificate to the Court prior to my return to court date.

\_\_\_\_\_  
PARTICIPANT PRINTED NAME

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

## VIRGINIA ALCOHOL SAFETY ACTION PROGRAM EMAIL AUTHORIZATION

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I understand that due to the risk of electronic messages being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that emails to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that emails sent to/from work devices may be subject to review by my employer.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via email regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

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PARTICIPANT PRINTED NAME

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PARTICIPANT SIGNATURE

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DATE

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EMAIL ADDRESS

# VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

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**Probationer:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with:

- the court of record/referral
- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers
- other (specify) \_\_\_\_\_

for the purpose of facilitating, supervising, verifying, and reporting my participation in, and compliance with ASAP requirements.

I understand that if I am being referred to the Alcohol Safety Action Program **by a court**, information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that if I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**, this Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all treatment information is protected under HIPAA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

**Executed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature** (required if under the age of 18): \_\_\_\_\_

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To revoke consent for release of information, complete this section.

**Date Revoked:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature** (if required): \_\_\_\_\_

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**PROHIBITION ON RE-DISCLOSURE:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

**[Updated 8/23/19]**



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## **Old Dominion ASAP** **Payment Instructions**

- Type in: NRADC.COM and the website will be pulled up for the Northwestern Regional Adult Detention Center.
- At the top of this page, you will click: **About us.**
- Then you will choose: Old Dominion Court Services/Alcohol Safety Action Program
- Scroll down to new/general information and click.
- You will then see in the paragraph in middle of screen: **make payment** and click.
- You will need a case number when you reach the payment page which is: **V01-001.**

The following link can be used as well:

<https://www.nradc.com/about-us/old-dominion-court-services/alcohol-safety-action-program-asap-/news-general-information>