

****** FIRST VIOLATION ONLY******

Jackson County Underage Violation Program (UAVP)
Program Description

Program Purpose:

This program is intended for deferment of a 1st offense for underage consumption. By completing the requirements of this program you shall avoid the usual penalties of forfeiture and suspension of operating privileges.

Participation in UAVP is Voluntary

Basic Guidelines:

- All **minors** must be accompanied by a parent for Court, Initial Screening appointments and/or group sessions.
- No extensions will be granted for completion
- All expenses are the responsibility of the violator
- There will be no refunds
- Your completed contract needs to be submitted within 5 days of your hearing to be considered enrolled. You will receive verification of enrollment by mail. (see Enrollment Form details below)
- All verification of completion must be submitted at one time to **DHHS**.
- Incomplete packets will be returned.
- Failure to fulfill requirements will result in increased forfeiture and longer suspension of driving privileges
- If your residence is in a county other than Jackson and its surrounding counties you may be allowed to complete some of the requirements in your county of residence. You will be responsible to secure information concerning the county program you wish to attend and make arrangements to provide all verification in the same manner. Jackson County Circuit Judge retains the discretion for approving alternate plans.

Enrollment Form:

The violator **MUST** send or hand deliver a copy of the fully completed Enrollment Form to both West Central Behavioral Health and the Jackson County Department of Health & Human Services within five (5) days of the Initial Appearance to be considered enrolled in the UAVP. (Addresses listed below)

Alcohol Screening, education and/or out-patient counseling:

Alcohol Screenings must be completed at:

**West Central Behavioral Health
113 Filmore St.
Black River Falls, WI 54615**

1-866-805-0304

The Screening fee must be paid in full on the day of the appointment (\$100.00).
Screening recommendation:

A recommendation following the Screening may include a four-hour educational group (two sessions) through West Central Behavioral Health. The group fee will be due prior to the date of the first group session. (\$45.00 under 17 years of age/\$55.00 for 17 and older).

AND/OR

A recommendation for out-patient counseling. These services are available through West Central Behavioral Health but you are free to select a different provider if you wish. Refer to Jackson County Department of Health & Human Services website for a resource list of local providers as well as those in the Eau Claire and LaCrosse areas.

<http://www.co.jackson.wi.us/html/healthhuman/mentalhealth/UAVP.html>

Screening appointments and education groups are not likely to be covered by insurance. You may pay in person by check or money order or you may call the above number to arrange payment with a credit card. Out-patient services may be covered by health insurance. It will be up to the violator to seek that information and make arrangements with the provider of services.

Final Documentation:

Upon completion of all requirements you will submit the following documentation:

- Screen Completion and recommendation verification (fees paid)
- Education/counseling verification (fees paid)

Both documents shall be submitted together 5 business days prior to the next hearing date to the following address:

**Jackson County Department of Health & Human Services
420 Highway 54 West, PO Box 457
Black River Falls, WI 54615**

****Note: Incomplete documentation will not be accepted and will be returned. Both documents must be completed in full and be submitted at one time.***

09/09