

**CENTRAL PLAINS CENTER FOR SERVICES  
ADULT REGISTRATION FORM**

*Offered in North Platte, Kearney, Lexington, Broken Bow*  
908 South E Street  
308-872-6176  
Broken Bow, NE 68822  
9AM-5PM

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Required Completion Date: \_\_\_\_\_

**Early Intervention, Adult**

Explores values, behavior, personal responsibility, consequences of behavior, decision making, anger/stress, drug and alcohol work. Essay required. 8 Hrs.  
**\$70.00**

*Please check the offense(s) you were charged with:*

MIP  DUI  Other Driving Offense  Shoplifting/Theft

Assault  Fighting by Mutual Consent  Vandalism

Other (*please explain*) \_\_\_\_\_

**INSTRUCTIONS TO THOSE REFERRED**

1. Send this form, along with a check or money order to **Central Plains Center for Services, 908 South E Street, Broken Bow, NE 68822**, to reserve your space. A post card with your class assignment will be mailed to you 5-10 days before the class.
2. You may **not be admitted if you arrive after the class has started**.
3. If you miss your assigned class you will be allowed **one re-enrollment for an additional \$15**.
4. After completing your assigned class you will be issued a Completion Certificate.
5. Your failure to comply with any program requirement will be reported to the referring agency.
6. There is no rescheduling fee if you notify Central Plains at least 5 days before your assigned class.

I understand my responsibilities and agree to fulfill them. I am enclosing a check or money order for the class checked above to CENTRAL PLAINS CENTER FOR SERVICES. I have marked the correct class and included the correct fee.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_