

# Morgantown Area Youth Services Project

160 Chancery Row Suite 4  
Morgantown, WV 26505  
304-284-7321 Fax: 304-284-9993



“A Youth Intervention Project ”

## Out of Town Instructions for Alcohol Ed and Community Service

1. **Print and fill out intake form:** You must provide citation number, first and return court date, as well as all other information contained on the form in **all areas**, including the box at the top and bottom of the intake form (there are a few items that will have to be filled in by our office – all other info is to be filled in by you)
2. **Mail intake form, transfer form and money order** to the address below, attention to, *Cathy Campbell*, on the envelope (be sure to sign the money order in the designated area on the front). *We do not accept cash, personal checks or credit/ATM cards.* **Make money order out to: MAYSP**
3. **Community Service 6 hrs:** find a local NON-PROFIT agency that serves the whole community (i.e. Salvation Army, Good Will, Soup Kitchen, Food Pantry, YMCA/YWCA, Public Library, etc.). **No private organizations or family businesses** like ball clubs, churches, nursing homes, etc. There is an attached form for community service documentation. This form must be completely filled out and signed by someone in charge at the agency.
4. **Alcohol Education 6 hrs:** You need to find an agency in your community that offers basic or general alcohol education, fill out, sign and return the Transfer Form, along with the Intake Form and money order, by mail. If there is a charge/fee for these classes in your area, you are responsible to pay those fees in addition to the MAYSP fees.
5. **Upon completion** of alcohol education and community service, mail or fax these documents to our office (address and fax number in letterhead). Call to ensure we have received your documentation and get final instructions at least one week in advance of your return court date. By following all the above instructions, you will not have to return to Morgantown for your return court date. A letter of completion will be faxed to the court, and that letter is in lieu of the court hearing.



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### MAYSP Underage Drinking Violation Transfer Form

Name: \_\_\_\_\_

Transferred to: Program \_\_\_\_\_ State Certified Substance Abuse Program

Address \_\_\_\_\_

Phone \_\_\_\_\_

**I agree to the following:**

1. I will contact an alcohol/drug education program within 10 days to enroll in classes
2. I will attend all education and counseling sessions assigned, and obey all program rules
3. I will verify that reports on my enrollment and completion are returned to MAYSP
4. For OUT OF STATE or OUT OF TOWN transfer, I will pay MAYSP a program fee of \$228.00 within 10 days from date of receipt of this paperwork.
5. By signing below, I authorize MAYSP to obtain and release confidential information regarding my program participation; to forward reports as needed to the Court, arresting office, my attorney, and to programs to which I may be referred. I understand this information is protected by state and federal laws, and may be released only upon this written consent.
6. I will contact a MAYSP case manager if there are any problems regarding my transfer case.
7. I understand that failure to comply with any term of this transfer agreement will result in my case being returned to court as non-compliant.

**FEES DUE THIS PROGRAM MUST BE SENT BY MONEY ORDER ONLY. NO PERSONAL CHECKS, CASH OR CREDIT CARDS:**

MAYSP  
160 Chancery Row  
Suite #4  
Morgantown, WV 26505

\_\_\_\_\_  
Signature of Violator

\_\_\_\_\_  
Date

**COMMUNITY SERVICE DOCUMENTATION**

Date of completion: \_\_\_\_\_

This letter is to verify that \_\_\_\_\_ performed  
\_\_\_\_\_ hours of community service in compliance with court orders.

Business: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of person authorizing  
community service hours