CORONER'S DUI PROGRAM

Eighth Judicial District Court
(702) 671-4528

Register: Regional Justice Center
200 Lewis Avenue
Las Vegas, NV 89155
(702) 671-3280

Attend: Coroner/Medical Examiner's Office
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

Las Vegas Justice Court
(702) 671-3100
Coroner/Medical Examiner
(702) 455-3210

CONSENT FORM

As a participant referred to the Clark County Coroner's DUI Program, I understand that the purpose of the program is to alter future irresponsible behavior of driving a vehicle while intoxicated. I also understand that:

- I will be viewing actual photos presented on videotape, slides and/or computer.
- I may hear or read about tragic stories as told by relatives or the instructor.
- I understand that I will take an instructor-led tour of the coroner's office where I will experience sights, smells and sounds common to the coroner's office. I will not observe an autopsy.
- I understand that the Clark County Coroner's DUI Program instructors reserve the right to order me to leave if they suspect that I am under the influence of drugs or alcohol or if I smell alcohol. If I am turned away, I understand that I must return to the judge and explain my situation to the judge before rescheduling another class. I understand that a $25.00 rescheduling fee will be imposed.
- I understand that the Clark County Coroner's DUI Program instructors reserve the right to order me to leave if I cause any disruptive behavior or any behavior that is deemed inappropriate or disrespectful. If I am turned away, I understand that I must return to the judge and explain my situation to the judge and that I may not be allowed to reschedule another class.
- I understand that fee charged for the Coroner's DUI Program is non-refundable.

This course will be taught for three (3) hours, Attendee's will be encourage to ask questions and express their reaction to the class by filling out a survey. Proof of attendance will be provided to each participant upon completion of the class.

I have read and understand the above-mentioned guidelines for the Clark County Coroner's DUI Program.

Signature: _____ _____ Date: _____
Participant - Print Name Participant - Sign

To be completed by Clark County Court Education

Scheduled Date: _____

Times:

☐ **Thursday morning English 10 am to 1 pm**
☐ **Thursday evening English 6 pm to 9 pm**
☐ **Thursday evening Spanish 6 pm to 9 pm**
☐ **Friday evening English 6 pm to 9 pm**

Date Paid: _____ / **Amount:** _____

SAMPLE