

DRIVE WITH PRIDE AGREEMENT

Congratulations on making the decision to take the necessary steps to re-gain your Minnesota driving privileges. Drive with Pride, Inc. consultants will research and gather all the information needed to obtain your Minnesota driving privileges, construct a comprehensive self-help program customized to your situation, and provide step-by-step instructions to driver's license reinstatement.

COST: \$200.00

Comprehensive Self-Help Program includes:

- Consultant to research court and driving records for open citations, citations in collections, civil judgments, child support holds, obtain state requirements necessary to acquire a valid license, and develop a customized self-help program,
- Provide necessary forms related to reinstating your driver's license.
- Related resources, including support services such as ignition interlock service providers, chemical use assessment locations, treatment program to meet the guidelines, and insurance certificate (SR-22 insurance) referrals.
- Support throughout the process.

Additional Services Offered:

- \$50 Child Support to assist with research and negotiation.
- \$50 per Civil Judgment for a consultant to assist with research and negotiation.
- \$20 to serve and file motion each motion.

Provide a copy of your Minnesota driver's license or identification card with your subscription. An electronic invoice will be sent for secured online payment; a 3.5% convenience fee will be assessed. The cost of this comprehensive customized program is non-refundable. Electronic delivery of your program is estimated to arrive in your email is two weeks.

**** We are not attorneys and do not give legal advice or make appearances on your behalf; we offer our clients the knowledge to make informed decisions. ****

This comprehensive self-help program is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. You are hereby notified that any dissemination, distribution or copying of this information is prohibited.

Execution of this document is agreement to the terms and conditions outlined.

Client Signature

Date

DRIVE WITH PRIDE, INC.

Consent Form

Disclosure and Authorization for Driver's License Records Check. I, _____, authorize Drive with Pride, Inc. to conduct an MVR regarding my driver's license/history as well as any other pertinent personal information pertaining to my Driver's License. Additional sources of pertinent information may include, but is not limited to, Department of Motor Vehicles records, court records, Office of Child Support, collection agencies, Department of Corrections, Probation Office, Parole Office, and credit reports.

I authorize any parties contacted to release information to Drive with Pride agents regarding my previous driving record, license history and other driver related information. I release all persons and entities from liability for damages that may arise for release of this information. I waive all provisions of law prohibiting the disclosure of information.

Drive with Pride will not disclose client information on this form. Drive with Pride will not disclose or share any additional client information in connection with Drive with Pride research and findings. Drive with Pride will conform with the Data Privacy Act.

Any client in Drive with Pride should not operate a motor vehicle or receive additional tickets while in the program.

Client Signature	_____	Date	_____
Address Line 1:	_____		
Address Line 2:	_____		
City/State/ZIP:	_____		
Email Address	_____		
Telephone No:	_____		
Date of Birth:	_____		
Minnesota Driver's License/ State ID Number:	_____		

All fields must be complete and legible, or the form will be rejected. If you do not have Minnesota Identification, apply for one at Department of Motor Vehicles location prior to subscription. Provide a copy of your Minnesota driver's license or identification card with your form.



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES

445 Minnesota Street, Saint Paul, MN 55101-5161

Phone: (651) 215-1335 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

Print Form

Date: _____

Authorization Form (Grant Access to Record)

I, _____, _____, _____,
First Name Middle Name Last Name

hereby authorize _____
First Name Middle Name

_____ to obtain and/or pick up the following item(s) and/or
Last Name

record information from Driver and Vehicle Services:

Record Type:

- Motor Vehicle
- Driver's License
- Limited Driver's License
- Other: _____

Authorizer's Signature **X** _____

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

Certification I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.