



**LEHIGH COUNTY ADULT PROBATION AND PAROLE
COURT OF COMMON PLEAS
THIRTY-FIRST JUDICIAL DISTRICT
455 WEST HAMILTON STREET
ALLENTOWN, PENNSYLVANIA 18101-1614**

PAMELA SHEFFER, CHIEF
KRISTIN BERKE, DEPUTY CHIEF

PHONE (610) 782-3933
FAX (610) 871-2784

ALCOHOL HIGHWAY SAFETY SCHOOL (AHSS) CLASS FOR FIRST AND SECOND OFFENDERS ONLY

In order to be placed on the waiting list to be scheduled for class, you must pay a minimum of \$350 if you are a first offender, or \$470 if you are a repeat offender. Please contact the Lehigh County Bureau of Collections at the Lehigh County Courthouse, 455 W. Hamilton St., Allentown, PA 18101, 610-782-3320 for payment information. Once payment is made, submit this completed form along with a copy of your receipt to Kimberly Nemes, Office Supervisor, Lehigh County Adult Probation Department, using any method below.

- Fax: 610-871-2784
- Mail: Lehigh County Adult Probation, Lehigh County Courthouse, 455 W. Hamilton St., Allentown, PA 18101
- Email: Kimberlynemes@lehighcounty.org
- Hand Deliver: to the Adult Probation Department, located on the Ground floor of the Lehigh County Courthouse

Please note that it can take up to 10 weeks to receive your class assignment letter after submission. You will be informed by mail and the letter will include your scheduled dates with all pertinent information regarding class, as well as rules and regulations. If you have questions regarding classes **after** you receive your letter, contact Kimberly Nemes at 610-782-3560 between the hours of 8:30 a.m. and 4:30 p.m. If you leave a message please speak clearly, spell your last name and include your date of birth.

Please specify your class preference(s) below. Classes are held once per week for five consecutive weeks. You will receive one class assignment. If you do not attend and complete your assigned class for any reason, it is your responsibility to contact Kimberly Nemes to reschedule.

- _____ Monday - 5:30 p.m. to 8:00 p.m.
- _____ Tuesday - 5:30 p.m. to 8:00 p.m.
- _____ Wednesday - 9:00 a.m. to 11:30 a.m.
- _____ Saturday - 9:00 a.m. to 11:30 a.m.
- _____ I am able to attend any class that is available
- _____ I am not a Lehigh County resident; I am requesting that a referral be sent to my county of residence, _____
- _____ I will need a Spanish speaking class

NAME: _____ **LCID:** _____