

Prevention and Training Services, Inc.

252 S. Waverly Road Lansing, MI 48917

PH: (517) 323-8149 Fax: (517) 323-1653 Email: services@patslansing.com

INSTRUCTIONS - You have been ordered to attend the program(s) listed below. You are responsible for calling P.A.T.S. and enrolling within 3 days of receiving this order. Program information can be found on our website patslansing.com.

EDUCATION

- Alcohol Insight Weekend only
- Alcohol Insight Weekend with recommendations
- Alcohol Insight Weekend + 6 follow-up sessions
- Economic Crime Program
- Marijuana Intervention Program

ADDITIONAL COMMENTS: CASE NO: _____

PBT = _____ BAC = _____

SUBSTANCE ABUSE PROGRAMS

(Education Component required as part of Phase I Substance Abuse Treatment for adults)

- Adolescent Substance Abuse Treatment Sessions (13-17 years. Individual sessions)
- Adult Outpatient Substance Abuse Treatment (12-24 sessions)
- Adult Intensive Outpatient Substance Abuse Treatment (36 groups and 4 individual sessions)
- Adult Relapse Recovery (12 sessions)
- Women's Outpatient Substance Abuse Treatment (12-24 sessions - **Women only**)

CRIMINAL THINKING PROGRAM

- Moral Reconciliation Therapy (**MRT**) (16-36 group sessions)

DOMESTIC ABUSE INTERVENTION/ANGER MANAGEMENT PROGRAMS

- Domestic Abuse Intervention Weekend + 24-50 Weeks (Men only)
- Domestic Abuse Intervention Weekend+ 50 Weeks (Men Only)
- Domestic Abuse Intensive 50 sessions + 8 sessions 2x week (Men only)
- Assaultive Behavior Change (Non Domestic Partner Offense)

Prior Assaults?	Yes	No
PPO?	Yes	No
No Contact Order	Yes	No
Victim Injured?	Yes	No

ASSESSMENTS:

- Substance Abuse Assessment ORAS – Criminal Risks and Needs Assessment
- Domestic Abuse Assessment Psychological & Mental Health Evaluation

DRUG AND ALCOHOL TESTING:

- Urinalysis Screening _____ days per _____ Start Date _____
- PBT _____ days per _____ Start Date _____
- ETG One time only _____ or as directed _____ Start Date _____

BILL TO: CLIENT OTHER _____

MENTAL HEALTH THERAPY:

- Adolescent Psychotherapy Adult Psychotherapy

NAME: _____ Sex: M / F **PHONE:** _____ / _____
Last First M.I. Home Work

ADDRESS: _____
No. Street Apt. # City State Zip Code

REFERRED BY: _____ **REASON FOR REFERRAL:** _____
Court/Agency Offense

PROBATION OFFICER: _____ **DATE OF BIRTH:** _____ **PROBATION DUE DATE:** _____

AGREEMENT TO ATTEND AND CONSENT TO RELEASE REPORT

I, _____, hereby authorize the above-mentioned program to exchange information with the _____ Court. The extent of the information to be disclosed will be the assessment report, relevant data and information, comments on my attitude and participation when necessary, recommendations for additional referral services, drug testing results, and discharge summary. This consent will expire when I am terminated from probation/parole or whenever the program receives written notice of a change in my legal status whichever is later. The purpose of this disclosure is to assist the referring agency in reaching a satisfactory disposition of my case. In addition, I hereby agree to attend and satisfactorily complete the program according to the rules and regulations. I am aware that a program termination may result if I do not attend per the rules and the program designee has the authority to terminate without prior notification.

WITNESSED BY _____ DATE _____ CLIENT'S SIGNATURE _____ DATE _____