

ORDER FOR SCREENING / PROGRAM

Court/Probation Department _____

Address _____

Phone Number _____ Fax Number _____

Client Name: _____ Last First Middle
Mailing Address: _____ P.O. Box/Street Address City State Zip
D.O. B.: _____ Daytime Telephone #: _____
Violation/Charge: _____ Case I.D. #: _____

Screening/Assessment:

Screening/Assessment only without program placement

Screening/Assessment with program placement

Placement Without Screening:

- | | |
|---|---|
| <input type="checkbox"/> Substance Abuse/DUI Education
___ 16 hours | <input type="checkbox"/> Positive Alternatives Behavioral Treatment
___ 24 hours ___ 36 hours ___ 54 hours ___ 72 hours |
| <input type="checkbox"/> Misdemeanor Drug Program
___ 18 Hrs with 3 U/A's required | <input type="checkbox"/> Domestic Violence Diversion Program
___ 18 sessions |
| <input type="checkbox"/> Substance Abuse/DUI Treatment
___ 36 hours ___ 54 hours ___ 72 hours | <input type="checkbox"/> Domestic Violence Offender Treatment
___ 26 sessions ___ 36 sessions ___ 52 sessions |
| <input type="checkbox"/> Other Assignment
_____ | |

Judge/ Court Representative/ Probation Officer

Today's Date

CONTACT ARIZONA BEHAVIORAL COUNSELING WITHIN 5 DAYS

Phone (602) 788-1116 or (800) 274-6713

Monday-Friday 8:00a.m. to 5:00p.m *Fax (602) 788-1119 – 24 hours any day

P.O. Box 36158 Phoenix AZ 85067-6158

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Arizona Behavioral Counseling to exchange information with the Court or Probation department listed above regarding my referral, attendance, participation, progress, and compliance or non-compliance. Disclosures of all information comply with 42 CFR, Part II, Federal Regulations. This consent expires automatically ten years from today's date. I also authorize emergency health care services (e.g. 911) if I experience a health care emergency.

Defendant/ Probationer Signature

Today's Date