



REFERRAL FORM

© May 2007

OFFENDER _____
 ADDRESS _____

 PHONE _____
 DATE OF BIRTH _____
 CONVICTION _____
 PROBATION ENDS ON _____

REFERRED FOR

___ 42-lesson **Domestic Violence** (standard)
 ___ 26-lesson **Domestic Violence**
 ___ Private sessions in addition to above

___ 16-lesson **Anger Control**
 ___ Private sessions for Anger Control

___ 30-lesson **Sex Offenses**
 ___ Private sessions for Sex Offenses

___ **Private sessions**
 ___ for Evaluation
 ___ as appropriate for conviction or
 circumstance

OFFENDER

Call (517) 763-6969 to schedule a private enrollment session. Enrollments are by appointment only. You must have completed enrollment within 10 days of this referral. When you call, please speak clearly, and if you must leave a message, be sure to leave a working phone number. It is your obligation to make the appointment and to be on time. Bring a \$50 money order with you, or you will not be enrolled. Group and private session fees will be discussed during enrollment.

NOTE: It is not appropriate to bring friends, children, or other family members to any appointment.

REFERRING AGENT

Fax a copy of this form to 1-866-449-3446, or mail it to P.O. Box 81151, Lansing, Michigan 48908-1151.

RELEASE OF INFORMATION

I hereby authorize GroundWork Counseling to exchange information with (person and/or referring agency) _____.

The extent and nature of this information will concern my attendance and behavior in the program, court documents and proceedings, and if necessary, recommendations for additional referral services. The purpose of this disclosure is to assist the referring agency in reaching a satisfactory disposition of my case. The authorization will remain in effect until the purpose for which it was given no longer exists. For enrollment purposes, I authorize GroundWork Counseling to contact me by phone or mail.

CLIENT SIGNATURE _____
 DATE _____
 REFERRING AGENT _____

