ORDER FOR SCREENING / PROGRAM

Screening/Assessment only without program placement Screening/Assessment with program placement Placement Without Screening: Substance Abuse/DUI Education B hours 16 hours 24 hours 36 hours 54 hours 72 hours	Court/Probation Departmen	nt				
Client Name: Last First Middle Mailing Address: P.O. Box/Street Address City State Zip D.O. B.:	Address					
Mailing Address: P.O. Box/Street Address City State Zip	Phone Number					
Mailing Address: P.O. Box/Street Address City State Zip	Client Name:					
D.O. B.: Daytime Telephone #: Violation/Charge: Case I.D. #: Screening/Assessment: Screening/Assessment only without program placement Screening/Assessment with program placement Screening/Assessment with program placement Placement Without Screening: Positive Alternatives Behavioral Treatment8 hours16 hours					Middle	
D.O. B.: Daytime Telephone #: Violation/Charge: Case I.D. #: Screening/Assessment: Screening/Assessment only without program placement Screening/Assessment with program placement Screening/Assessment with program placement Placement Without Screening: Positive Alternatives Behavioral Treatment8 hours16 hours	Mailing Address:	Box/Street Address		City	State	
Violation/Charge:						•
Screening/Assessment only without program placement Screening/Assessment with program placement Placement Without Screening: Substance Abuse/DUI Education [] Positive Alternatives Behavioral Treatment 8 hours16 hours24 hours36 hours54 hours72 hour Misdemeanor Drug Program [] Domestic Violence Diversion Program						
Screening/Assessment with program placement Placement Without Screening: Substance Abuse/DUI Education 8 hours 16 hours Misdemeanor Drug Program Domestic Violence Diversion Program	Screening/Assessment:					
Placement Without Screening: [] Substance Abuse/DUI Education [] Positive Alternatives Behavioral Treatment 8 hours16 hours24 hours36 hours54 hours72 hour [] Misdemeanor Drug Program [] Domestic Violence Diversion Program	[] Screening/Assessmen	t only <u>without pr</u>	ogram pla	acement		
[] Substance Abuse/DUI Education [] Positive Alternatives Behavioral Treatment8 hours16 hours24 hours36 hours54 hours72 hour [] Misdemeanor Drug Program [] Domestic Violence Diversion Program	Screening/Assessmen	t <u>with program p</u>	lacement			
[] Substance Abuse/DUI Education [] Positive Alternatives Behavioral Treatment8 hours16 hours24 hours36 hours54 hours72 hour [] Misdemeanor Drug Program [] Domestic Violence Diversion Program	Placement Without Scre	ening:				
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[] Misdemeanor Drug Program [] Domestic Violence Diversion Program	-					
			r 1			
	- 0					
Substance Abuse/DUI Treatment [] Domestic Violence Offender Treatment		-	r 1		ce Offender Trea	tment
36 hours54 hours72 hours26 sessions36 sessions52 sessions						
Other Assignment						
Judge/ Court Representative/ Probation Officer Today's Date	Judge/ Court Representative/ Probat	ion Officer			Today's Date	
CONTACT ARIZONA BEHAVIORAL COUNSELING WITHIN 5 DAYS	CONTACT A	RIZONA BEHA	VIORAL	COUNSELING V	VITHIN 5 DAYS	
Phone (602) 788-1116 or (800) 274-6713		Phone (602) 78	8-1116	or (800) 27	74-6713	
Monday-Friday 8:00a.m. to 5:00p.m *Fax (602) 788-1119 – 24 hours any day	Monday-Fr	riday 8:00a.m. to 5	:00p.m *F	ax (602) 788-1119 –	24 hours any day	
P.O. Box 36158 Phoenix AZ 85067-6158		P.O. Box	36158 Pho	oenix AZ 85067-6158	3	
AUTHORIZATION FOR RELEASE OF INFORMATION	A	UTHORIZATIO	N FOR R	ELEASE OF INF	ORMATION	

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