



Probation Officer Referral

Reporting Location:
1607 NE 23rd St, Oklahoma City, OK 73111

Referring Officer: _____ Date: _____
(PLEASE PRINT)

Consumer Name: _____ Date of Birth: _____
Social Security# _____ Case# _____

REPORTING INSTRUCTIONS

You must contact our office within 24-72 hours to schedule an appointment for registration.

(405) 424-MOOR *6667

Bring one form of picture ID, a copy of this referral and \$20.00 registration fee.

My appointment: Date: _____ Time: _____

Available Classes:

_____ Substance Abuse _____ Anger Management _____ Life Skills
_____ Stages of Change _____ Responsible Thinking _____ Parenting
_____ Healthy Relationships _____ Coping Skills _____ Positive Self-Worth

Number of classes will be determined by case or determined by Probation Officer.

_____ 12 Week Classes & 2 Drug/Alcohol Test _____ 24 Week Classes & 4 Drug/Alcohol Test
_____ 36 Week Classes & 8 Drug/Alcohol Test _____ 52 Week Classes & 12 Drug/Alcohol Test

If AA/NA Classes are indicated, complete the same number of meetings as marked above.

_____ A/A _____ N/A _____ 12 Step

ADSAC SERVICES (DUI, DWI OR DRUGS) State Certified

_____ Complete ADSAC Assessment & Follow All Recommendations

This process can assist with getting license reinstated if suspended for DUI, DWI or Drug Charges.

DRUG/ALCOHOL TESTING (ONLY) \$20.00 FEE FOR ALL TEST

_____ Ten Panel PreScreen Plus Dip Card (CLIA Waived) _____ Alco Screen 01 Alcohol Saliva Test
weekly monthly Random Once months (indicate how many months)

I understand requirements of this referral and will comply with rules and regulations of the program. My signature below indicates I understand that communication between LaMoor Family 1st & all authorities of the Criminal Justice System shall be permitted regarding my participation in services, to include but not limited to: failure to report, attendance, participation, u/a results, cooperation with program staff/rules & regulations, fee payments and any information relevant to program participation. This communication may be verbal, written, electronic and or via email or fax.

Consumer Signature _____ Date: _____

Referring Officers Address _____

Phone: _____ Fax: _____ Email: _____

Probation Period Ends: _____

ATTENTION: Please email (info@lamoor1st.com) or fax (405 400-0225) a copy of the referral to the agency. You will be notified of failure to report and or comply with program rules. Upon request an update shall be given for your records. A certificate of completion will be given for successful completion of program services.