

Michigan Court Services, Inc.

Mail or Fax Referral To: Michigan Court Services, Inc. 3526 Sashabaw Road– Waterford, MI 48329
Office (248) 618-0071 Fax (248) 618-1171 E-mail: office@michigancourtservicesinc.com

Court/Agency Program Referral

Court/Agency: _____ Telephone # _____

P.O./Agent: _____ Case # _____

Client Name: _____ Telephone # _____

Address _____

City _____

State & Zip Code _____

Comprehensive
Alcohol Education

Level 1 2

Larceny Education

Substance
Assessment

Traffic Safety

Level 1 2

Minor In Possession

Anger Management

Marijuana &
Other Drugs

Level 1 2

Outpatient Counseling

Random Testing

Frequency of Drug Screens: _____

Frequency of PBTs: _____

Frequency of ETGs: _____

Special Conditions /Instructions: _____

YOU MUST CALL TO SCHEDULE AN APPOINTMENT WITHIN 24 HOURS OF RECEIVING THIS REFERRAL

DISCLOSURE AUTHORIZATION

I hereby authorize Michigan Court Services, Inc. to release information contained in my file to the court/agency indicated above. I understand the cost of the program/services will be paid by me at the time services are provided. I understand that the court/agency will be informed of admissions and completion of the referred program/services. The extent and nature of this information will concern my admissions, attendance, progress, and discharge. This information is being disclosed for the purpose of compliance with court/agency instructions. This authorization will expire when official written notice of a change in my legal status is received by the program or ninety days after my discharge from the program, whichever is later.

Participant's Signature _____ Date _____

Authorizing Signature _____ Date _____

Copy #1 – Mail or Fax to MCSI

Copy #2 – Referring Court/Agency File

Copy #3 – Defendant/Client