

OAKLAND COUNTY COMMUNITY CORRECTIONS DIVISION

Step Forward

Step Forward / Anger Management Program Referral Form

Please COMPLETE and FAX this referral to the appropriate site (below). a copy of this referral/map for the client who must contact Step Forward within 24 HOURS.

Referral Date: Veteran

Form with fields: Last Name, First Name, Middle Name, Race, Gender, Date of Birth, Social Security Number, Driver's License Number, Address, City, Zip Code, Primary Phone, Secondary Phone, Other Phone, Docket, Disposition, Judge/Magistrate, Court, Next Court Date, Charge(s), Crime Class, Reason for Referral, Referral Source, Referring Agent, PO Phone

SELECT A SITE

Pontiac Main Office
250 Elizabeth Lake Road, Suite 1520
Pontiac, MI 48341
(248) 451-2310 FAX (248) 451-2349
stepforward_waterford@oakgov.com

Troy South Oakland Office
1151 Crooks Rd.,
Troy MI 48084
(248) 655-1260 FAX (248) 655-1281
stepforward_troy@oakgov.com

SELECT A SERVICE

Step Forward Assessment and Treatment (\$25)
with Domestic Violence (additional fees applicable)
with Mental Health Screening
with Anger Management
with Random Testing Drug Testing* Alcohol Testing*

Anger Management ONLY (\$25)
(no case management services)

Fees can be made on site with a MONEY ORDER ONLY or online at WWW.OAKGOV.COM/COMMCORR with a credit card

*Testing agency will be determined at enrollment unless otherwise specified by the Probation Officer or Court.

6th Circuit Referrals - a BIR must accompany this referral

I understand that I have been referred to the above Community Corrections Program (s) and it is my responsibility to contact the appropriate contact site checked above, within 24 hours of today's date.

Participant Signature

Date

PARTICIPANT MUST CONTACT THE DESIGNATED SITE WITHIN 24 HOURS OF THIS REFERRAL.

FOR INTERNAL USE ONLY: INMATE #: SID: FBI: RE-REFERAL INCARCERATED

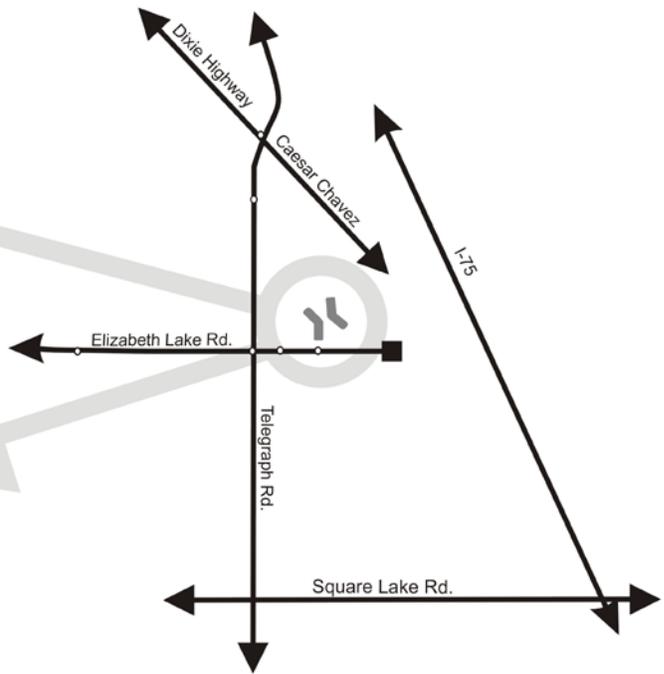
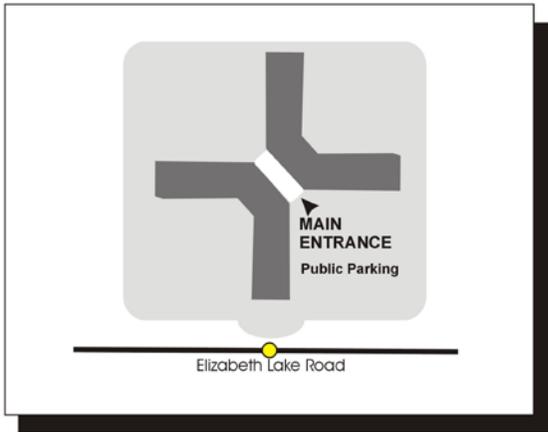
INTAKE DATE TIME: CASE MANGER:

CELL CARRIER: EMAIL:

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