



CLASS 'A' TRAINING CENTER

Drug Court Counseling Referral

Office Phone: 586-281-0150

Individual Counseling:

Group Counseling:

Notes:

Referral Information (To be completed by referring party)

Name: _____ Case #: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

D.O.B.: ____ / ____ / ____ Phone#: _____ Email Address _____

Judge: _____ Send Reports To: _____

Must Contact Class "A" By: _____ Must Be Seen By: _____
(Date) (Date)

Disclosure authorization (TO BE SIGNED BY THE PERSON BEING REFERRED)

I hereby authorize Class "A" Training Center L.L.C. to receive and release any information regarding my correspondence with their office, my attendance and my participation in each session, to the referring party. I have read or heard the conditions above. I agree to the terms and conditions put forth by Class "A" Training Center L.L.C

Client Signature

Date

Please call (586) 333-5380 to schedule an appointment.