

Referral	for	Services

Date of Referral:

Referral Source:

Contact Name:

Phone: _____

Fax:

Client Name: _____

DOB: _____

Address/City, ZIP:

Phone Number:

This individual is being referred to Western Judicial Services for the following services:

Substance Abuse Evaluation

Drug & Alcohol Screens

Standard UA

Lab UA

Batterers' Intervention Program

Women's Empowerment Class

Mental Health Evaluation

Drug Education / Stop Class (4-hour Marijuana Education)

Choice Class (2-hour Alcohol Education)

Parenting Class (4 Hours)

Life Skills Class (2 Hours)

Letting Go Class (2 Hours)

Anger Management Class (Hourly Rate)

Shoplifting / Anti-Theft Class (4 Hours)

Impulse Control Class (4 Hours)

Other (please specify):

Notes: