

**STATE OF MICHIGAN
SENTENCING ORDER / REFERRAL FORM**

DATE _____

JUDGE:	CIRCUIT CRT# _____ CITY: _____ DISTRICT CRT # _____ CITY: _____
PROBATION OFFICER:	CASE #: _____
DEFENDANT NAME	DATE of BIRTH: _____ SEX: M <input type="checkbox"/> F <input type="checkbox"/> AGE: _____
STREET ADDRESS	PHONE: (including area code) _____
CITY, STATE, ZIP:	EMERGENCY CONTACT PHONE: _____
CHARGE:	BAC _____ PRIORS? Y <input type="checkbox"/> N <input type="checkbox"/>
ATTORNEY NAME/ADDRESS/PHONE: (Fill Out Only If Reports Are to be Sent to Attorney)	
SERIOUS MEDICAL CONDITIONS:	

YOU HAVE BEEN REFERRED TO THE SUBSTANCE ABUSE WEEKEND PROGRAM

IMPACT WEEKEND
www.impactweekend.com

P.O. Box 0384, Lapeer, MI 48446-0384

Phone (888) 861-8300

Fax (231) 935-0096

**** Required attendance: 6:00 p.m. Friday evening through 2:00 p.m. Sunday ****

CLARKSTON	MID-MICHIGAN	TRAVERSE CITY	VASSAR
Colombiere Center	Mystic Lake-Clare	Lake Arbutus	Wesleyan Camp
— 01/29/16-01/31/16	— 01/15/16-01/17/16	— 02/12/16-02/14/16	— 02/05/16-02/07/16
— 03/04/16-03/06/16	— 02/26/16-02/28/16	— 04/08/16-04/10/16	— 03/18/16-03/20/16
— 04/15/16-04/17/16	— 04/08/16-04/10/16	— 05/20/16-05/22/16	— 05/13/16-05/15/16
— 05/20/16-05/22/16	— 05/13/16-05/15/16	— 09/23/16-09/25/16	— 06/24/16-06/26/16
— 06/24/16-06/26/16	— 06/10/16-06/12/16	— 11/18/16-11/20/16	— 08/12/16-08/14/16
— 07/29/16-07/31/16	— 08/26/16-08/29/16		— 09/30/16-10/02/16
— 09/09/16-09/11/16	— 09/16/16-09/18/16		— 12/02/16-12/04/16
— 10/21/16-10/23/16	— 10/14/16-10/16/16		
— 12/09/16-12/11/16	— 12/16/16-12/18/16		
		WEST BRANCH	IMPACT WKEND
		Camp Timbers	Otter Lake
		Dates Pending	Dates Pending

IMPACT WEEKEND RESERVES THE RIGHT TO ALTER THE SCHEDULED SESSION

PLEASE READ THE FOLLOWING AND SIGN BELOW:

This is to certify that I am participating voluntarily in Impact Weekend. I understand the cost of the class is \$300.00, a \$100.00 non-refundable deposit or payment in full is required to register. Payment in full is required 7 days prior to the class. We accept (Certified Check / Money Order / Credit Card). I understand that the court will be informed of my completion of the program.

Participant's Signature: _____

Date: _____

JUDGE/PROBATON OFFICER _____ DATE: _____

Amount Authorized \$ _____ Expiration Date: _____ Account Number: _____

For office use only