

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

**DATE**

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

***YOU HAVE BEEN REFERRED TO THE SUBSTANCE ABUSE WEEKEND PROGRAM***

## **IMPACT WEEKEND**

***www.impactweekend.com***

3509 Auburn Road Auburn Hills, MI 48326  
Phone (888) 861-8300 Fax (248)-289-1753

<b>CLARKSTON</b>	<b>MID-MICHIGAN</b>	<b>TRAVERSE CITY</b>	<b>VASSAR</b>
<b>Colombiere Center</b>	<b>Mystic Lake-Clare</b>	<b>Lake Arbutus</b>	<b>Wesleyan Camp</b>
01/06/17-01/08/17	01/27/17-01/29/17	01/13/17-01/15/17	01/13/17-01/15/17
02/10/17-02/12/17	03/31/17-04/02/17	03/17/17-03/19/17	02/24/17-02/26/17
03/10/17-03/12/17	04/28/17-04/30/17	05/12/17-05/14/17	03/24/17-03/26/17
04/07/17-04/09/17	05/19/17-05/21/17	09/15/17-09/17/17	04/21/17-04/23/17
05/05/17-05/07/17	06/09/17-06/11/17	11/03/17-11/05/17	05/12/17-05/14/17
06/02/17-06/04/17	08/25/17-08/27/17		06/09/17-06/11/17
07/14/17-07/16/17	09/22/17-09/24/17		07/21/17-07/23/17
08/11/17-08/13/17	10/20/17-10/22/17		08/25/17-08/27/17
09/15/17-09/17/17	11/17/17-11/19/17		09/29/17-10/01/17
10/13/17-10/15/17	12/15/17-12/17/17		11/17/17-11/19/17
11/10/17-11/12/17			12/15/17-12/17/17
12/08/17-12/10/17			

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

**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 \$325.00, 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**