

**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

Toll Free Phone (888) 861-8300

Fax (231) 935-0096

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

Choose a facility and contact us for dates and availability

ALPENA-US
Air Force Base
C.R.T.C

CLARKSTON
Colombiere Center

MID-MICHAIGAN
Mystic Lake-Clare

VASSAR
Wesleyan Woods

TRAVERSE CITY
Lake Arbutus

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 program is \$300.00. Payment in full or a \$100.00 down payment (non-refundable) is required to register; remaining balance due 7 days prior to the class date, excluding Alpena. 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: _____

JUDGEPROBATONOFFICER _____

DATE: _____

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