

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

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

To register by email, fill out this .PDF registration form in it's entirety, Save this completed .PDF form to your desktop, then email this completed .PDF form to [impactweekendsharon@gmail.com](mailto:impactweekendsharon@gmail.com)

**DATE:** \_\_\_\_\_

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

**\* REQUIRED ATTENDANCE: 8:00 a.m. SATURDAY THROUGH 2:00 p.m. SUNDAY AFTERNOON**

**IMPACT WEEKEND  
[www.impactweekend.com](http://www.impactweekend.com)**

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

**PLEASE SELECT THE LOCATION AND DATE YOU WISH TO ATTEND BELOW**

**CLARKSTON**  
Colombiere Center

Fowler Center

**BAY AREA**

Wesleyan Woods

**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 \$350.00, a \$100.00 non-refundable deposit or payment in full is required to reserve your date. **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. This also serves as release of information to referring court or agency involving registration and any information needed to complete your file with information contained on this referral/registration form with Impact Weekend. **Please Note: There is an additional \$30.00 fee for any refunds.**

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Judge/Probation Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE MAKE ALL PAYMENTS ON THE WEBSITE AND INDICATE THE PARTICIPANT'S NAME.**  
Perabove, \$100 non-refundable deposit or payment in full is required to reserve your date.

**IMPACT WEEKEND RESERVES THE RIGHT TO ALTER THE SCHEDULED SESSION**

***We will begin on Saturday mornings promptly at 8:00 A.M.***

***For office use only***