

OAKLAND COUNTY COMMUNITY CORRECTIONS DIVISION

Step Forward

Step Forward / Anger Management Referral Form

Please COMPLETE and FAX this referral to the appropriate site (below). Please print a copy of this referral/map for the client who must contact Step Forward within 24 HOURS.

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Last Name \_\_\_\_\_ Client First Name \_\_\_\_\_ Client Middle Name \_\_\_\_\_ Race \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ Veteran:  Yes Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Docket: \_\_\_\_\_ Disposition: \_\_\_\_\_ Judge/Magistrate: \_\_\_\_\_ Court: \_\_\_\_\_ Next Court Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge(s): \_\_\_\_\_ Crime Class:  Misd.  Felony  Civil Reason for Referral:  Violation of Probation  Condition of Bond  Condition of Sentence/Probation

Referring Agent: \_\_\_\_\_ Referring Agent Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Referral Source: \_\_\_\_\_ Referring Agent E-Mail: \_\_\_\_\_

- Select a Site:  Pontiac (248) 451-2314 FAX (248) 451-2349 250 Elizabeth Lake Road, Suite 1520, Pontiac, MI 48341 Email: stepforward\_waterford@oakgov.com  Troy (248) 655-1267 FAX (248) 655-1281 South Oakland Office 1151 Crooks Rd., Troy MI 48084 Email: stepforward\_troy@oakgov.com

Please select only ONE option below:

- Step Forward Assessment and Treatment (\$25) with Domestic Violence (additional fees applicable) with Anger Management with Random Testing:  Drug Testing\*  Alcohol Testing\*  Anger Management ONLY (\$25) (no case management services)

Fees can be made on site with a MONEY ORDER ONLY or online at WWW.OAKGOV.COM/COMMCORR with a credit card

\*Testing agency will be determined at enrollment unless otherwise specified by the Probation Officer or the Court.

I \_\_\_\_\_ understand that I have been referred to the above Community Corrections Program (s) and it is my responsibility to contact the appropriate contact site checked above, within 24 hours of today's date.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

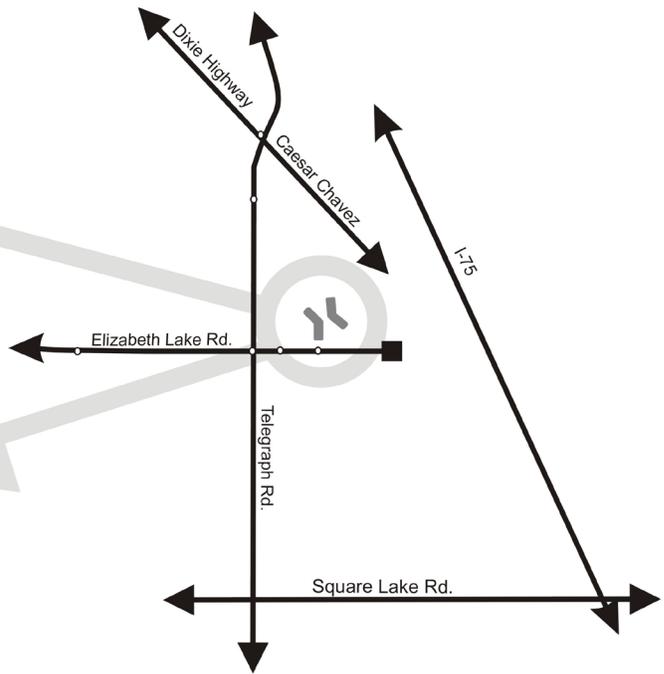
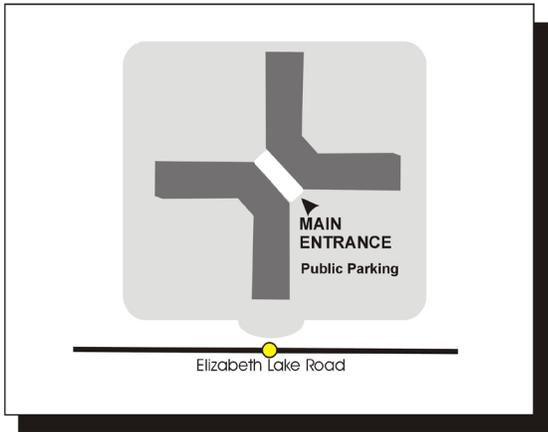
PARTICIPANT MUST CONTACT THE DESIGNATED SITE WITHIN 24 HOURS OF THIS REFERRAL.

FOR INTERNAL USE ONLY: INMATE #: \_\_\_\_\_ SID: \_\_\_\_\_ FBI: \_\_\_\_\_ RE-REFERAL  INCARCERATED  INTAKE DATE \_\_\_\_\_ TIME: \_\_\_\_\_ CASE MANGER: \_\_\_\_\_ CELL CARRIER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# OAKLAND COUNTY COMMUNITY CORRECTIONS DIVISION

## Main Office (Pontiac)

250 Elizabeth Lake Road, Suite 1520  
Pontiac, MI 48341  
(248) 451-2310



## South Oakland Office (Troy)

1151 Crooks Road  
Troy, MI 48084  
(248) 655.1260

