

OAKLAND COUNTY PRETRIAL & JUSTICE SERVICES DIVISION

Step Forward

Step Forward / Anger Management Program Referral Form

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

Referral Date: _____

Veteran

_____ Last Name	_____ First Name	_____ Middle Name	_____ Race	_____ Gender
_____ Date of Birth	_____ Social Security Number	_____ Driver's License Number	_____ Address	_____ City
_____ Zip Code	_____ Primary Phone	_____ Secondary Phone	_____ Other Phone	
_____ Docket	_____ Disposition	_____ Judge/Magistrate	_____ Court	_____ Next Court Date
_____ Charge(s)		_____ Crime Class	_____ Reason for Referral	
_____ Referral Source		_____ Referring Agent	_____ PO Phone	

SELECT A SITE

Pontiac Main Office
250 Elizabeth Lake Road, Suite 1520
Pontiac, MI 48341
(248) 451-2310 FAX (248) 451-2349
stepforward_waterford@oakgov.com

Troy South Oakland Office
1151 Crooks Rd.,
Troy MI 48084
(248) 655-1260 FAX (248) 655-1281
stepforward_troy@oakgov.com

SELECT A SERVICE

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 Court.
6th Circuit Referrals – a BIR must accompany this referral

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-REFERRAL ☐ INCARCERATED

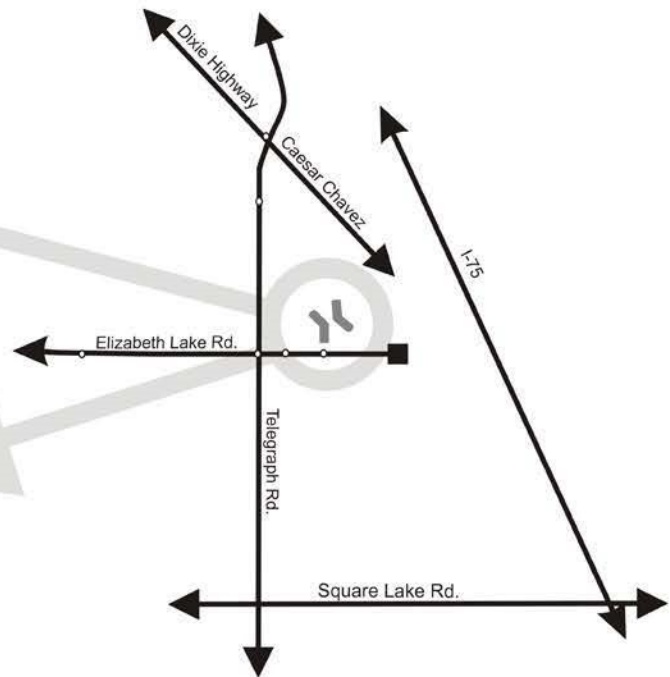
INTAKE DATE _____ TIME: _____ CASE MANGER: _____

CELL _____
CARRIER: _____ EMAIL: _____

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