

## Step Forward

Step Forward / Anger Management Program Referral Form

Please **COMPLETE** and **EMAIL or 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: \_\_\_\_\_ ☐ **Veteran**

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

**SELECT A SITE**☐ **Pontiac**

Main Office  
250 Elizabeth Lake Road, Suite 1520,  
Pontiac, MI 48341  
(248) 451-2310 FAX (248) 451-2349  
email: [stepforward\\_waterford@oakgov.com](mailto:stepforward_waterford@oakgov.com)

☐ **Troy**

South Oakland Office  
1151 Crooks Rd.,  
Troy MI 48084  
(248) 655-1260 FAX (248) 655-1281  
email: [stepforward\\_troy@oakgov.com](mailto:stepforward_troy@oakgov.com)

**SELECT A SERVICE**

Please select only one option below:

☐**Step Forward Assessment & Treatment (\$25)**

- ☐ with Domestic Violence (additional fees applicable)  
☐ with Anger Management  
☐ with Mental Health Screening  
☐ 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](http://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

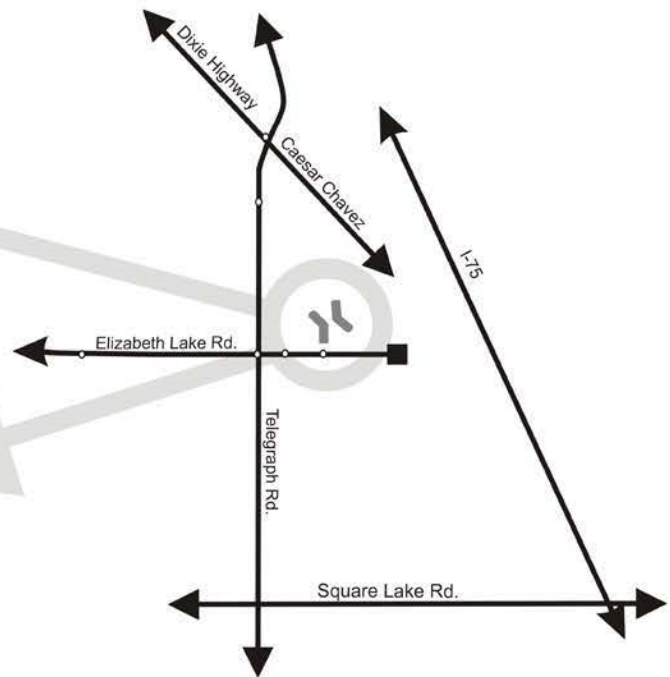
INTAKE DATE \_\_\_\_\_ TIME: \_\_\_\_\_ CASE MANGER: \_\_\_\_\_

CELL CARRIER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# OAKLAND COUNTY PRETRIAL & JUSTICE SERVICES 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

