

**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: _____
MAILING ADDRESS	PHONE: (including area code)
CITY, STATE, ZIP:	EMERGENCY CONTACT PHONE:
CHARGE:	BAC _____ PRIOR ARRESTS? 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 PROGRAM
IMPACT WEEKEND**

<http://impactweekend.com>

P.O. Box 0284, Traverse City, MI 49685-0284

Toll Free Phone (888) 861-8300 Local Phone (231) 935-0171 **Fax (231) 935-0096**

**** Required attendance: 6:00 p.m. Friday evening through 3:00 p.m. Sunday ****

CLARKSTON	FAIRVIEW	GRAND RAPIDS	JACKSON
Colombiere Center	Michi-Lu-Ca	Camp Manitou-Lin	FaHoLo-Grass Lk
12/16/11-12/18/11	01/06/12-01/08/12	12/16/11-12/18/11	01/27/12-01/29/12
02/10/12-02/12/12	02/24/12-02/26/12	02/17/12-02/19/12	
03/16/12-03/18/12			03/23/12-03/25/12
04/27/12-04/29/12	04/13/12-04/15/12	04/13/12-04/15/12	05/18/12-05/20/12
MID-MICHIGAN	PETOSKEY	PORT HURON	TRAVERSE CITY
Mystic Lake-Clare	Camp Daggett	Skyline Camp - Almont	Arbutus/Torch Lake
12/09/11-12/11/11	12/02/11-12/04/11	12/09/11-12/11/11	01/13/12-01/15/12 (TL)
01/06/12-01/08/12	02/03/12-02/05/12	01/13/12-01/15/12	
01/20/12-01/22/12	03/30/12-04/01/12	02/03/12-02/05/12	03/09/12-03/11/12 (AR)
02/10/12-02/12/12	05/04/12-05/06/12	02/17/12-02/19/12	04/27/12-04/29/12 (AR)
03/02/12-03/04/12		03/09/12-03/11/12	
03/16/12-03/18/12	VASSAR	03/30/12-04/01/12	WESTBRANCH
04/27/12-04/29/12	Wesleyan Camp	04/20/12-04/22/12	Camp Timbers
05/11/12-05/13/12	12/16/11-12/18/11		01/20/12-01/22/12
	01/13/12-01/15/12		
	02/24/12-02/26/12		03/02/12-03/04/12
	03/23/12-03/25/12		
	04/20/12-04/22/12		05/11/12-05/13/12

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 **\$300.00** will be paid in advance by me (Certified Check / Money Order / Credit Card---To pay by Credit Card, Fill out Information Below). I understand that the court will be informed of my completion of the program.

Participant's Signature: _____ Date: _____

Visa Amount Authorized \$ _____ Expiration Date: _____

Master Card Account Number: _____

CREDIT CARD HOLDER SIGNATURE _____ Date: _____

JUDGE/PROBATON OFFICER _____ DATE: _____