

**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**

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 ****

ALPENA / FAIRVIEW/ Air-Base/Michi-Lu-Ca	CLARKSTON Colombiere Center	GRAND RAPIDS Camp Manitou-Lin	JACKSON FaHoLo-Grass Lk
08/19/11-08/21/11 (AL)	08/05/11-08/07/11	08/12/11-08/14/11	09/23/11-09/25/11
09/09/11-09/11/11 (FV)			
	10/07/11-10/09/11	10/07/11-10/09/11	11/18/11-11/20/11
11/11/11-11/13/11 (FV)	12/16/11-12/18/11	12/16/11-12/18/11	
MID-MICHIGAN Mystic Lake-Clare	PETOSKEY Camp Daggett	PORT HURON Skyline Camp - Almont	TRAVERSE CITY Arbutus/Torch Lake
08/26/11-08/28/11	09/09/11-09/11/11	09/09/11-09/11/11	08/26/11-08/28/11 (AR)
09/16/11-09/18/11	10/28/11-10/30/11	09/23/11-09/25/11	09/30/11-10/02/11 (TL)
10/14/11-10/16/11		10/14/11-10/16/11	
11/04/11-11/06/11	12/02/11-12/04/11	11/11/11-11/13/11	11/04/11-11/06/11 (AR)
11/11/11-11/13/11		12/02/11-12/04/11	
12/09/11-12/11/11	VASSAR Wesleyan Camp	12/09/11-12/11/11	
	08/19/11-08/21/11	WESTBRANCH Camp Timbers	
	09/30/11-10/02/11		
	10/28/11-10/30/11	09/30/11-10/02/11	
	11/18/11-11/20/11		
	12/16/11-12/18/11	11/18/11-11/20/11	

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: _____