



# Assessor Referral Notification

Reporting hours are 9:00 AM - 4:00 PM Monday –Thursday and 9:00 AM – 2 PM Friday

Client Name: \_\_\_\_\_ CS# \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**You must physically report to COURT ASSISTANCE PROGRAMS, INC. within FIVE (5) working days of the above date.** The office is located at:

600 N. Dewey – Suite 100, Oklahoma City, Oklahoma 73102  
Phone: (405) 290-7322 / Fax: (405) 290-7325

**REPORTING INSTRUCTIONS: Bring one form of picture ID, a copy of this order, and \$20 enrollment fee.**

Type of Test (Drug and/or Alcohol) for the following classes will be determined by case type, if not designated by Probation Officer.

### SRA (Substance Related Arrest)

\_\_\_\_ 13 Classes – 2 Drug/Alcohol Tests – 6 AA/NA or \_\_\_\_ 26 Classes - 4 Drug/Alcohol Tests – 12 AA/NA

\_\_\_\_ 39 Classes – 6 Drug/Alcohol Tests – 18 AA/NA or \_\_\_\_ 52 Classes - 8 Drug/Alcohol Tests – 24 AA/NA

### ARA (Assault Related Arrest) Intended for ANGER MANAGEMENT/COPING SKILLS - not spousal battery

\_\_\_\_ 13 Classes – 2 Drug/Alcohol Tests or \_\_\_\_ 26 Classes - 4 Drug/Alcohol Tests

### MBC (Making Better Choices) For poor social values/impulse control issues (theft, bogus checks, shoplifting, criminal thinking)

\_\_\_\_ 13 Classes – 2 Drug/Alcohol Tests or \_\_\_\_ 26 Classes - 4 Drug/Alcohol Tests

**REPORTING INSTRUCTIONS FOR DOMESTIC VIOLENCE BATTERERS INTERVENTION: Call 405-290-7322 to schedule assessment/enrollment appointment. Bring one form of picture ID, a copy of this order, a police report or probable cause affidavit and \$70 assesment/enrollment fee.**

### CBI -Domestic Violence (CAP Batters Intervention Program) Certified by Oklahoma Attorney Generals’s office

\_\_\_\_ 52 Classes – 8 Drug/Alcohol Tests

#### OPTIONS for all class programs:

\_\_\_\_ Twelve-Step (AA/NA) Meetings are Waived

\_\_\_\_ Drug Tests are Waived

#### Drug/Alcohol Testing Only

All tests are GC/MS (or comparable) Confirmed – Results usually available in 2-7 Days

\_\_\_\_ One Time Test OR \_\_\_\_ Random Testing of \_\_\_\_ Tests \_\_\_\_ Weekly or \_\_\_\_ Monthly for \_\_\_\_ Months

\_\_\_\_ Drug \_\_\_\_ EtG (Alcohol) \_\_\_\_ Drug/Alcohol Combo \_\_\_\_ Hair Test \_\_\_\_ TAD Alcohol Ankle Monitor

### Ignition Interlock Device (Call Smart Start @ 1-800-880-3394 to schedule installation)

\_\_\_\_ Interlock Without Photo \_\_\_\_ Interlock With Photo \_\_\_\_ In-HOM Alcohol Monitoring Unit

\_\_\_\_ 6mos \_\_\_\_ 9mos \_\_\_\_ 12mos \_\_\_\_ 18mos \_\_\_\_ 24mos \_\_\_\_ OTHER

I acknowledge receipt of a copy of this directive and will comply with the instructions. My signature on this document authorizes any and all staff of the Court Assistance Programs, Inc. to communicate with any and all entities and authorities of the Criminal Justice System regarding my reporting or failure to report, attendance or lack of attendance, results of urine testing, extent of cooperation with program personnel, fee payment status, compliance or non-compliance with program policies and rules and other information related thereto.

Probationer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Referring Assessor \_\_\_\_\_ Dist# / Jurisdiction \_\_\_\_\_  
(Please Print)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Assessment expires on \_\_\_\_\_

**Note to Officer:** Please e-mail (info@courtap.com) or fax (405-290-7325) a copy of this form to Court Assistance Programs, Inc. You are notified of failure to report and subsequent non-compliance regarding program requirements via “Non-compliance Report”. Successful clients are issued “Completion Certificates”. Interim status updates are available by contacting this office.