



Probation Officer Referral Notification

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

Offender 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 Officer _____ Dist# / Jurisdiction _____
(Please Print)

Phone _____ Fax _____ E-Mail _____

Court Jurisdiction or Probation Period for this case 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.