

Name of Program
Address
Phone

INDIVIDUAL SERVICE CONTRACT

\*Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cause Number: \_\_\_\_\_ Referral Court: \_\_\_\_\_

\*Evidence Supporting Referral:

- Repeted SA arrests
Physically Hazardous Use
Family, Work, School Problems
Attempts to stop/cut down
Use despite consequences
Preoccupation with use
Interference with daily activities
More than intended
Use despite physical/psych. consequences
Tolerance
Withdrawal
Other

\*Required Services:

- No Services Required
Psychiatric Evaluation
Substance Abuse Evaluation
Substance Abuse Information (Minimum 8 hours)
Basic Substance Abuse Education (Minimum 10 hours)
Advanced Substance Abuse Education (Minimum 20 hours)
Breathalyzer / Urinalysis
Support group times per week
Individual Counseling
Group Counseling
Remain abstinent from all mood-altering chemical
Other

\*Client input in plan: none, client wants to get a job, GED, work on anger issues, abuse issues, refuses services, Spanish-speaking counselor/instructor, etc

Client is referred to the following agencies:

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact/Appointment Date \_\_\_\_\_

\*I understand and have participated in the development of this contract. I understand that I must complete the above requirements in order to fulfill this contract and failure to do so could result in my return to court and possible further disposition of my case. I have received a copy of this contract.

\*Client Signature \_\_\_\_\_ \*Date \_\_\_\_\_
\*Assessment Staff Signature \_\_\_\_\_ \*Date \_\_\_\_\_

This notice accompanies a disclosure of information concerning a court alcohol and drug program client that is made to you with the client's consent. This information has been disclosed to you from records that are protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.