Revised 09/09

SEX OFFENDER TREATMENT REFERRAL

NAME:_____

As a condition of your supervision, you are to participate in a mental health program. To arrange an intake/orientation. you must contact the below listed agency on _____.

CORNERSTONE COUNSELING
312 NE 28th Street #101
Oklahoma City, OK 73105
(405) 231-3150

[ ] Sex Offense Specific Evaluation (5012)
[ ] Sex Offender Group Counseling (6022)
[ ] Sex Offender Individual Counseling (6012)
[ ] Sex Offender Family Counseling (6032)
[ ] Treatment Readiness Group (6090)
[ ] Pretrial Individual (7013)
[ ] Psychological Testing and Report (5020)

[ ] Co-payment Assessed $_____
[ ] Sex Offender Polygraph (5022/5023)
[ ] Sex Offender Abel (ASSI)Assessment (5025)
[ ] Penile Plethysmograph and Report (5021)
[ ] Chaperone Training and Support (6091)
[ ] Pretrial Group (7023)

I acknowledge that I have read and understand the matters stated in this document and have received a copy.

_____ _____

NAME DATE U.S. PROBATION OFFICER DATE