SUBSTANCE ABUSE REFERRAL

	SCBSIII	THE TIPOSE REFERRE	Ц	
OFFENDER:		_ COLOR:		_
_		ticipate in a drug and/or alc icer. You will test at the fol		
	1004 Higl Guymon, C	STEP NETWORK hway 54 N.E. Oklahoma 73942 338-7259		
[] Substance Abuse Asse [] Substance Abuse Cour [] Treatment Readiness C	nseling	[] Copayment Assessed [] Urine Collection [] Breath Alcohol Testing		-
The frequency of urine to	esting is based on the foll	owing schedule:		
Sanction Phase - A minimum of Phase II - A minimum of Phase III - A minimum of Phase III - A minimum of Phase IV - A minimum o	4 random per month (Bl f 3 random per month (Yof 2 random per month (Yof 2 random per month)	lue) Yellow) Green)		
The frequency of breath	alcohol testing is based o	on the following schedule:		
Sanction Phase - A minimum of Phase II - A minimum of Phase III - A minimum of Phase III - A minimum of Phase IV - A minimum o	4 random per month (Bl f 3 random per month (Yof 2 random per month (lue) Yellow) Green)		
PROCEDURES:				
You will hear a reIf your color is on Failure to report w	corded message. the recording, you are requilibre considered a stall. are color is not on the reco	plidays, call (405) 609-5880 in the Next State or a state of the reply is NOT	Step Network for	testing.
Testing hours are Monda	ay through Friday from	9:00 a.m. to 4:00 p.m.		
miss urine collection, breadefined by USPO). If you	th testing and counseling with the rulions from Next Step may it	se you from urine collection, will only be given for approve les of Next Step they have the result in a violation report be	ed travel and for e right to termina	emergency purposes (to be ate you from their program.
I acknowledge that I have	read and understand the n	natters stated in this documer	nt and have recei	ved a copy.
NAME	DATE	U.S. PROBATION OFF	ICER I	DATE