SUBSTANCE ABUSE REFERRAL

OFFENDER:			
As a condition	n of your supervision, you	u are to participate in an alcohol/drug aftercare programelow listed agency on	n. To arrange an
	ОРТ	TIONS COUNSELING SERVICE, INC. 420 W. Country Club Suite 2 Chickasha, OK 73018 (405) 222-3018	
[] Substance A	Abuse Assessment	[] Substance Abuse Counseling	
given for appro Options, they h	oved travel and for emerger have the right to terminate y	I to excuse you from counseling. Permission to miss councy purposes (to be defined by USPO). If you fail to compou from their program. Noncompliance terminations from a Court or to the United States Parole Commission.	ly with the rules of
I acknowledge	that I have read and unders	stand the matters stated in this document and have received	d a copy.
Name	DATE	U.S. PROBATION OFFICER	DATE