



South Point Counseling Services, LLC
Empowering individuals, couples, and families

Court Referral Form

Defendant Name (Last, First, Middle):		Date of Birth:
Mobile Phone:	Home Phone:	Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address (Street, City, State, Zip):		
Case#:	Court/Judge:	Offense:
The Court hereby orders the defendant to complete the following: Report to SPCS within 48 hours of today's date _____. Bring this referral form, BCI, police report, and court documents. These documents are required. Failure to provide them to SPCS prior to your scheduled assessment date will result in a rescheduling fee of \$25 and rescheduling may not satisfy the due dates of this order.		
Pre-Sentence Assessments		
<input type="checkbox"/> Psychological Assessment		\$100 Due by: _____
<input type="checkbox"/> Domestic Violence Assessment		\$100 Due by: _____
<input type="checkbox"/> Substance Abuse Assessment		\$100 Due by: _____
Cognitive Restructuring and or Behavior Modification Treatment		
<input type="checkbox"/> Relapse Prevention Group (Drug & Alcohol Treatment)		\$40/1 ½ hour session
<input type="checkbox"/> Domestic Violence/Anger Management Group for Offenders		\$40/1 hour session
<input type="checkbox"/> Nojos level II		\$40/1 hour session
Education and other services		
<input type="checkbox"/> Prime For Life		\$250/16 hours + workbook
<input type="checkbox"/> Thinking Errors Class		\$160/4 hours
<input type="checkbox"/> Anger Management Class		\$160/4 hours
<input type="checkbox"/> Parenting Class		\$160/4 hours
<input type="checkbox"/> Individual Therapy		\$100/45 min session
Total treatment hours required to satisfy court order:		
Payment Information: All rates listed are for direct pay. We accept all major credit cards, money orders, and cash. All fees must be paid prior to receiving services. To reschedule or cancel an appointment or class registration, you must contact SPCS at least 24-hours in advance or you will incur a \$50 missed appointment fee. For individual therapy, we are on most insurance panels. Proof of income is required for financial assistance.		

Client Signature: _____ **Date:** _____

Court Representative: _____ **Date:** _____

White- **Court** Yellow- **SPCS** Pink- **Defendant**