



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

**Probation Officer Referral Form**

Client 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):		
Probation Officer:	Phone:	Email:
Case#:	Court/Judge:	Offense:

**We refer our client to complete the following:**  
Report to SPCS within 48 hours of today's date \_\_\_\_\_. Pull BCI (If not already pulled by Probation Officer), 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.

- Assessments**
- Psychosocial Assessment \$100 Due by: \_\_\_\_\_
  - Domestic Violence Assessment \$100 Due by: \_\_\_\_\_
  - Substance Abuse Assessment \$100 Due by: \_\_\_\_\_

- Cognitive Restructuring and or Behavior Modification Treatment**
- Relapse Prevention Group (Drug & Alcohol Treatment) \$40/1 ½ hour session
  - Domestic Violence/Anger Management Group for Offenders \$40/1 hour session
  - Nojos level II \$40/1 hour session

- Education and other services**
- Prime For Life \$250/16 hours +workbook
  - Thinking Errors Class \$160/ 4 hours
  - Anger Management Class \$160/ 4 hours
  - Parenting Class \$160/ 4 hours
  - Individual Therapy \$100/ 45 min session

Total treatment hours required: \_\_\_\_\_

**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. See fee sheet for sliding scale.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Release of information has been signed by the client. (Attach SPCS' Consent and Release of Information)

**Background information regarding referral for treatment:** Describe the child/adult in need of mental health services. Please provide a summary of the client that may help the clinician conduct treatment.

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Already pulled a BCI? Tell us what was found on the report:

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Special Requests for provider

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Additional Comments

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