



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? Yes No

Home Address (Street, City, State, Zip): _____

Case#: _____ Court/Judge: _____ Offense: _____

The Court hereby orders the defendeant 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

- Psychological 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 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