

Court Ordered Programs, Inc.

Parole / Probation Officer Referral Form for Court Ordered Classes

DEFENDANT INFORMATION:

Full Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

REFERRING OFFICER:

Name: _____ Phone: _____ Email: _____
Court/Judge: _____ Case Number(s): _____

NOTIFICATION OF REFERRAL TO COMPLETE THE FOLLOWING:

You must register for the court ordered program(s) / assessment(s) indicated below at www.CourtOrderedClasses.com within 5 business days of _____. You must complete your INTAKE and Assigned Officer Consent Information so that your officer may monitor your progress through their portal.

ASSESSMENTS:

- Domestic Violence Assessment Batterers Intervention Assessment Anger Management Assessment
 DUI / Alcohol Assessment Substance Abuse / Drug Assessment Juvenile Betterment Assessment

*Assessments are \$99**

PROGRAMS I:

- Domestic Violence Program _____ Batterers Intervention Program _____
 Family Violence Program _____ Youth Family Violence Program _____
 Anger Management Program _____ Deferred Entry of Judgement _____

*Program I are \$35**

PROGRAMS II:

- Drug Awareness Program _____ Alcohol Awareness Program _____
 High-Conflict Parenting _____ High-Conflict Divorce Classes _____
 Juvenile Betterment Program _____ Criminal Behavior Modification _____

*Program II are \$20**

PROGRAMS III:

- Parenting Program _____ Shoplifting / Theft Prevention _____
 Co-Parenting Program _____ Minor In Possession Classes _____

*Program III are \$10**

**per session at the very most. Discounts of up to 30% for multiple programs or programs paid in full up front.*

ADDITIONAL
NOTES OR
COMMENTS: _____

I acknowledge receipt of a copy of this directive and will comply with the instructions. I will register for the court ordered program(s) and or assessment(s) indicated above at www.CourtOrderedClasses.com My signature on this document authorizes any and all staff of Court Ordered Programs, Inc. to communicate with any and all entities and authorities of the Criminal Justice System regarding my reporting or failure to report, attendance or lack of attendance, results of testing, extent of cooperation with program personnel, fee payment status, compliance or non-compliance with program policies and rules and other information related thereto.

Defendant's Signature: _____ **Date Signed:** _____

Note to Officer: Please e-mail (referral@cop-i.com) or fax (661-296-2836) or upload (through your secure portal at www.cop-i.com) a copy of this form to Court Ordered Programs, Inc. You will notified of enrollment via "**Proof of Enrollment**" or failure to report and subsequent non-compliance regarding program requirements via "**Non-compliance Report**". Successful clients are issued "**Completion Certificates**". Interim status updates are available by logging into your monitoring portal, requesting "**Progress Reports**" or by contacting our office.

Court Ordered Programs, Inc.

School Portal www.CourtOrderedClasses.com - Tel: 661-312-0392 Fax: 661-296-2836 - email: staff@courtorderedclasses.com