Comprehensive Recovery Services, Inc.

Phone: 616.522.0687
Fax: 616.522.0725

Counseling Office
213 W. Main Street
P.O. Box 75
Ionia, MI 48846

Testing Office
215 W. Main Street
P.O. Box 75
Ionia, MI 48846

PRINT FORM RESET FORM

prime for life® provider

Sentencing Order / Referral Form

JUDGE	☐ CIRCUIT # ☐ DISTRICT #	CITY
PROBATION OFFICER	CASE #	
DEFENDANT NAME	BIRTHDATE AGE SEX ☐ M ☐ F	
STREET ADDRESS	PHONE # (INCLUDING AREA CODE)	
CITY, STATE, ZIP	EMERGENCY CONTACT PHONE # (INCLUDING AREA CODE)	
CHARGES	BAC PRIORS ☐ Y ☐ N	
ATTORNEY NAME / ADDRESS / PHONE (Fill Out Only If Reports Are to be Sent to Attorney)		
SERIOUS MEDICAL CONDITIONS		

***PLEASE CALL COMPREHENSIVE RECOVERY SERVICES, INC. AT (616) 522-0687 TO SCHEDULE YOUR PRIME FOR LIFE TIME AND DATE(S). **ATTENDANCE FOR THE ENTIRE PROGRAM IS REQUIRED. **COMPREHENSIVE RECOVERY SERVICES, INC. HAS THE RIGHT TO ALTER THE SCHEDULED SESSIONS.*

PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that I am participating in Prime for Life. I understand the cost of the program is $250.00 or grant funded. A $100.00 non-refundable deposit or payment in full is required to register. All participants must complete an intake appointment ($125), half down is required at time of making appointment. Payment in full is required 7 days prior to the Prime for Life weekend. We accept cash, certified checks, money orders, or credit cards. I understand that the court will be informed of my completion of the program. Follow up appointment(s) are required to determine if further treatment is needed or for discharge. Often intake and follow up appointments are covered by insurance.

Participant's Signature: _____ Date: _____

Judge / Probation Officer: _____ Date: _____

Amount Authorized: $_____ Account #: _____ Exp Date: _____