



**Comprehensive Recovery Services, Inc.**

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**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

# TAKEN AND RESTORED

Sentencing Order / Referral Form

JUDGE	<input type="checkbox"/> CIRCUIT # <input type="checkbox"/> DISTRICT #	CITY
PROBATION OFFICER	CASE #	
DEFENDANT NAME	BIRTHDATE	AGE      SEX <input type="checkbox"/> M <input type="checkbox"/> F
STREET ADDRESS	PHONE # (INCLUDING AREA CODE)	
CITY, STATE, ZIP	EMERGENCY CONTACT PHONE # (INCLUDING AREA CODE)	
CHARGES		
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 TAKEN & RESTORED TIME AND DATE. \*\*ATTENDANCE FOR 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 the Taken & Restored program. I understand the cost of the program is \$25 per session for 8 weeks. We accept cash, certified checks, money orders, or credit cards. I understand that the court will be informed of my completion of the program.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Judge / Probation Officer: \_\_\_\_\_

Date: \_\_\_\_\_