

Consumer Name: \_\_\_\_\_

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

MIS#: \_\_\_\_\_

Case #: \_\_\_\_\_

My strengths are:	
My needs are:	
My abilities are:	
My preferences are:	
My problems are:	
My goals are:	

The following sanctions have been explained to my satisfaction and I agree to adhere to the objectives marked below:

- Assessment
- Counseling Sessions \_\_\_\_\_
- Initial Alcohol & Drug Screening
- \_\_\_ Additional Alcohol & Drug Screenings \$ \_\_\_\_\_ per
- Payment of Program Fees Full \$ \_\_\_\_\_ or  
Scheduled \$ \_\_\_\_\_ per month
- Complete \_\_\_ community service hours by \_\_\_/\_\_\_/\_\_\_
- Narcotics/Alcohol Anonymous Meetings (2 minimum) \_\_\_\_\_
- Other Sanctions: \_\_\_\_\_  
\_\_\_\_\_

Online Education:

- Drugs & Alcohol
- Petit Theft/Shoplifting
- Anger Management
- Smoking Cessation

Online Life/Job Skills:

- Computer Skills
- Vocational Skills
- Interpersonal Skills
- Other Skills: \_\_\_\_\_

Target Date: \_\_\_\_\_ 60-day Review Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

All sanctions must be completed within 120 days of admission to the Adult Civil Citation Program.

**Additional Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Civil Citation staff will monitor my participation in the program and with outside referrals, and will report to the referring Law Enforcement Agency on my progress in the program. I agree to be contacted by DISC Village, Inc. to conduct a follow up evaluation following completion of the program.

\_\_\_\_\_  
**Consumer** **Date** **Civil Citation Case Manager** **Date**