

JACKSON COUNTY UNDERAGE VIOLATORS PROGRAM

Name: _____ Court #: _____

Education Group Verification

Participant will make arrangements for education/treatment in accordance with the Screening recommendations.

Payment arrangements confirmed or completed: _____
Date & initial

Provider Organization: _____

Counselor: _____
(Print Name)

Dates of Care: _____

Verification of Completion:

Signature: _____ Date: _____

Counseling/Therapy Verification

Participant will make arrangements for treatment in accordance with the Screening recommendations.

Payment arrangements confirmed or completed: _____
(Date & initial)

Provider Organization: _____

Counselor/Therapist: _____
(Print Name)

Dates of Care: _____

Verification of Completion:

Signature: _____ Date: _____