

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SUMMARY OF SUBSTANCE ABUSE ASSESSMENT REPORT	CASE NO. and JUDGE
---	---	---------------------------

Court address _____

Court telephone no. _____

1. The defendant, _____ :
Name

a. was evaluated by this agency on _____ .
Date

b. failed to report for evaluation.

2. This agency recommends that the defendant:

a. will not benefit from substance abuse service.

b. will benefit from the services specified below. Participation should continue for _____ .
Period of time

Alcohol Highway Safety Education (AHSE)

Treatment services: outpatient inpatient residential mental health

3. Comments:

4. Suggested providers:

To be completed on direction of court.

TYPE OF SERVICE AHSE, Outpatient, Inpatient, Residential or Mental Health	AREA AGENCY(IES) PROVIDING SERVICE Name, address, and telephone number

CONFIDENTIAL INFORMATION - NOT TO BE KEPT IN LEGAL CASE FILE

Agency _____

Signature _____

Address _____

Title _____

City, state, zip _____ Telephone no. _____

Date _____