

BETTER CHOICES
P.O. BOX 403
ALLEN PARK, MI 48101
SANDRA KRAHN, BS, LBSW, CDVC,CHT
(734)231-1795
LOCATION: TRUE BELIVER'S BAPTIST CHURCH
27236 WEST MICHIGAN AVENUE, INKSTER, MICHIGAN 48141
(ENTRANCE THROUGH BACK)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CASE #: _____ OFFENSE: _____

DATE OF OFFENSE: _____ DATE OF SENTENCE: _____

PROBATION DATE: _____ DOB: _____

DOMESTIC VIOLENCE INTERVENTION PROGRAM - \$15.00 PER SESSION
FRIDAY MORNING: 10:00AM – 11:30AM -OR- THURSDAY NIGHT 7:30PM – 9:00PM
DATE TO START: _____

ANGER/AGGRESSION MANAGEMENT PROGRAM - \$15.00 PER SESSION
FRIDAY MORNING: 1130AM – 1:00PM -OR- THURSDAY NIGHT 6:00PM – 7:30PM
DATE TO START: _____

DISCLOSURE INFORMATION (TO BE SIGNED BY THE PERSON BEING REFERRED)

I, _____ HEREBY AUTHORIZE Sandra Krahn, BS, LBSW, CDVC, CHT, indicated above as the facilitator of the Domestic Violence Intervention Program and Anger/Aggression Management Program, to release information to _____ Court, and/or _____ Probation Officer. The extent and nature of this information will concern my attendance, progress, services received and recommendations for additional services when appropriate. The purpose of this disclosure is to assist in arriving at an appropriate disposition in my case.

This authorization will remain in effect until the purpose for which it was given no longer exists. In the case of criminal justice referrals the authorization will expire when the program receives official written notices of a change in my legal status or 90 days after authorization is given.

PROBATION OFFICER/WITNESS DATE

CLIENT SIGNATURE DATE