SUBSTANCE ABUSE REFERRAL

OFFENDER:_____ **COLOR:**_____

As a condition of your supervision, you are to participate in a drug and/or alcohol surveillance program for a period of time to be determined by your U.S. Probation Officer. You will test at the following location:

Motionworks Physical Therapy
(405) 224-9675
3410 South 4th St.
Chickasha, OK 73018

[ ] Urine Collection
The frequency of urine testing is based on the following schedule:

Sanction Phase - A minimum of 6 random per month (Red)
Phase I - A minimum of 1 random per month (Pink)
Phase II - A minimum of 2 random per month (Green)
Phase III - A minimum of 3 random per month (Yellow)
Phase IV - A minimum of 4 random per month (Blue)

PROCEDURES:

1. **On Monday through Friday, including holidays, call (405) 609-5880 between 8:30 a.m. and 11:30 a.m.**
2. You will hear a recorded message.
3. If your color is on the recording, you are required to report to Motionworks Physical Therapy. Failure to report will be considered a stall.
4. If your drug aftercare color is not on the recording or if the reply is **NO TESTING TODAY,** you are not required to report for urine collection testing.

Testing hours are Monday through Friday from 9:00 a.m. to 3:30 p.m.

Motionworks staff members are not authorized to excuse you from urine collection testing. Permission to miss urine collection testing will only be given for approved travel and for emergency purposes (to be defined by USPO). If you fail to comply with the rules of the facility, they have the right to terminate you from their program. Noncompliance terminations from Motionworks may result in a violation report being submitted to the Court.

I acknowledge that I have read and understand the matters stated in this document and have received a copy.

_____ _____
Name DATE U.S. PROBATION OFFICER DATE