

# SUBSTANCE ABUSE REFERRAL

OFFENDER: \_\_\_\_\_

COLOR: \_\_\_\_\_

As a condition of your supervision, you are to participate in an alcohol/drug aftercare program. To arrange an intake/orientation and to get urine collection instructions, you must contact the below listed agency on \_\_\_\_\_.

Specialized Outpatient Services, Inc. (SOS)  
(405) 810-1766  
Outpatient Clinic  
5208 N. Classen Circle  
Oklahoma City, Oklahoma 73118

Substance Abuse Assessment

Substance Abuse Counseling

Copayment Assessed \$ \_\_\_\_\_

Urine Collection

Breath Testing

The frequency of urine and breath testing is based on the following schedule:

## Urine Testing

**Sanction Phase** - A minimum of 6 random (Fuschia)

**Phase I** - A minimum of 4 random (Charcoal or Rose)

**Phase II** - A minimum of 3 random (Teal)

**Phase III** - A minimum of 2 random (Violet)

**Phase IV** - A minimum of 1 random (Aqua)

## PROCEDURES:

1. **On Monday through Saturday, including holidays, you will need to call 810-9776 after 7:30 a.m.**
2. You will hear a recorded message.
3. If your color is on the recording, you are required to report to SOS. 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 or breath testing.

**Urine collection hours at SOS 5208 N. Classen Circle, Oklahoma City, OK:**

**Monday through Friday 9:00 a.m. - 12:00 p.m. and 1:00 p.m. - 8:30 p.m.**

**Saturday 8:30 a.m. to 12:30 p.m.**

SOS staff members are not authorized to excuse you from urine collection, breath testing or counseling. Permission to miss urine collection, breath testing and counseling 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 SOS, they have the right to terminate you from their program. Noncompliance terminations from SOS may result in a violation report being submitted to the Court or to the United States Parole Commission.

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