

# Substance Abuse Program (PFL) Form for Adults

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## Defendant's Information:

Defendant's Name:	DOB:	Age:
SSN:	Sex:  Race:	School:
Local Address:  _____	Permanent Address:  _____	Cell #:  Wk#:
Referring Agency: _____  Contact Information: _____	What charges did the defendant face in court? <b>(Please include the type of drug(s) involved.)</b> _____ _____ What was the conviction?	

## Release of Information

I hereby request and authorize representatives of the Bulloch Alcohol and Drug Council, to obtain and share information from my records for the purpose of better providing substance abuse services (including referral, assessment, drug screening, educational program and follow-up after educational classes are complete. This release is valid for one year from the date of signature.

\_\_\_\_\_

Defendant's Signature

\_\_\_\_\_

Date

## Course Information

Agency Name:	
Course Dates:	Meeting Time:
Location: <b><u>BCADC Office</u></b>	Assessment By:
Assessment By:	Assessment Date: