Approved, SCAO Original - Court 2nd copy - Probation officer 1st copy - Agency 3rd copy - Defendant

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT

ORDER FOR SUBSTANCE ABUSE EVALUATION

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Court address				Court telephone no.			
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☐ The State of THE PEOPLE OF	Michigan		Defendant's name, addre	ess, and telephone no.			
		v					
		•					
The defendant in this case was convict	ed of an alcohol/conf	trolled su	bstance offense.				
On the date of the arrest,			, the defendant's breath-alcohol content was				
ITIS ORDERED:							
4. The defendant of his //- an array	ah all hava a avibataw			and and here			
1. The defendant, at his/her own cost,	snali nave a substan	ice abuse	e screening and asses	ssment by			
Agency name and address							
• •	will benefit from reha	bilitative	services. The agency	shall submit a written report to the court			
			,				
by Date	·						
2. If the defendant is on bond, he/she	shall report to the nar	ned ager	cy for evaluation by _				
If the defendant fails to report by the							
if the deterior it rails to report by the	above date for evalu	Janon, un	e court may issue a be	enen warrant for mis/fier arrest.			
3. Failure to appear for the evaluation	may result in sentenc	cing witho	out the benefit of the ev	valuation.			
4. If the defendant is in jail, the evaluation	tion shall be perform	ed either	at the jail or at the nan	ned agency.			
Date		Juc	ge/Magistrate				
	ACKNOWLE	DGMEN	TOFSERVICE				
I acknowledge that I have received a copy of this order for evaluation on							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date				
		Det	endant				
	NOTICE OF	MAILIN	G BY COURT				
A copy of this order was mailed to/personally served on the named agency on							
			Date				
Date		Sig	nature and title				