

**UNITED STATES PROBATION OFFICE
DISTRICT OF UTAH
RISE PROGRAM REFERRAL FORM**



Name: PACTS#: USPO:	Date: Referral source, phone, email:	
TCU Score (Appendix I)	Risk Level (RPI or PCRA from USPO):	
Address If homeless, how long?	Name/Contact phone #s of family/friends with whom residing:	
Telephone:	DOB:	
Marital status:	Children/Dependents:	
Sex: Male ___ Female ___	Childcare/Child support responsibilities Unknown	
Employment status: (Employed/unemployed/disability/retired) Employer:	Monthly income:	
COURT INVOLVEMENT INFORMATION		
Federal Court Status: Probation: _____ Supervised Release: _____		
Other: _____ Please explain: _____		
Case #: Original Offense: Judge:	Dates of Probation and/or TSR: _____ _____ _____	Termination Date
Original sentence: ___ Months BOP Custody ___ Months Probation ___ Months Term of Supervised Release		
Violation sentence/dates:		
Other court involvement and contact(s): Yes ___ No ___ If yes, explain:		
History of violent offenses?: Yes ___ No ___ If yes, explain:		
Prior substance-abuse-related violations:		

SUBSTANCE-ABUSE TREATMENT INFORMATION

Current substance-abuse treatment:

Drugs of choice:	First:	Second:	Third:
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Last Use:	I.V. drug use HX:
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Current/recent (Within last 6-12 months) substance-abuse treatment:

Provider contact:	Telephone #
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Prior detoxification services:

Prior outpatient treatment:

Program Name:	Date	Duration	Type of Discharge

Prior inpatient/residential treatment:

Program Name:	Date	Duration	Type of Discharge

Longest period of recovery:

When:	How :
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Complete and attach a copy of the TCU Drug Screen (Appendix I)

MENTAL HEALTH/MEDICAL/INSURANCE INFORMATION

<p>Mental health issues?: Yes ___ No ___</p> <p>History of mental health issues and medications:</p>	<p>Diagnosis:</p>
<p>Provider contact:</p>	<p>Telephone:</p>
<p>Current mental health status:</p>	
<p>HX suicidal/homicidal ideation/attempts?: Yes ___ No ___ If yes, explain:</p>	
<p>Medical issues?: Yes ___ No ___ If yes, explain:</p>	
<p>Any physical limitations: Heavy Lifting</p>	
<p>Medications: None</p>	
<p>Prescribing physician: _____ Telephone #: _____</p>	<p>Primary care physician: _____ Telephone #: _____</p>
<p>Health Insurance?: Yes ___ No ___</p>	<p>Insurance Provider: _____ ID Number: _____</p>
<p>Veteran?: Yes ___ No ___</p>	<p>ID Number: _____</p>
<p>OTHER</p>	
<p>Cultural & family issues:</p>	

Client's motivation for recovery:

Probation Officer's recommendation:

Referral Packet Checklist:

- ✓ Complete Referral Form
- ✓ Complete TCU Drug Screen
- ✓ Complete Statement of Motivation (Included or as a separate sheet)
- ✓ Complete Review/Signature of Participant Rules

Scan complete Referral Packet and email to Karan D. Pace, RISE Program Coordinator at [Karan Pace@utp.uscourts.gov](mailto:Karan.Pace@utp.uscourts.gov) or fax to (801) 526-1120. Questions? Call Karan at 801-535-2752

Selection Committee Decision

Approved: _____ Denied: _____ Date: _____

Schedule or Tentative Entry Date: _____

Probation Officer:

RISE Probation Officer:

RISE AUSA:

RISE AFD: