

EASTERN DISTRICT OF WASHINGTON
STEP Team Referral - Date:

Name: **RPI:** **CHC:**
Current Address: **PACTS #:**
Phone: **Date of Birth:**
Age:

Address Type:

- RRC - Inmate RRC - Condition RRC - Sanction RRC - Housing Owns home Rents

Time at Current Address:

Occupants: Alone Roommate Family/significant other

Is this an appropriate recovery environment? Yes No

Community Support:

Instant Offense:

Sentencing Judge:

Orig. Sentence Date:

Docket:

Custody:

Supervision:

Revocation Date:

Revocation Custody:

Supervision Commenced:

- New Charge Drug Use

Justification:

- Technical Absconder **Supervision:**

Supervision Expires:

The following conditions were ordered by the Court and have NOT been satisfied:

<u>Condition</u>	<u>Amount Ordered</u>	<u>Amount Paid/Completed</u>
Drug Treatment		
Mental Health Treatment		
Reentry Center-Full-Time		
Search/Seizure		
Special Assessment		
Substance Abuse Testing		

Noncompliance during this supervision? Yes No New charge Drug Use Technical Absconder

Comments: N/A

Prior Convictions That May Effect Consideration: Yes No (See attached PSR)

Remarks:

Updated Treatment Participation: (Refer to PSR for treatment history)

- I/P IOP O/P 500-hr. RDAP 40-hr. BOP Self Help Groups

Remarks:

Drug of Choice: 1st Choice - 2nd Choice -

Comments:

Emotional/Mental/Medical Health: **Utilizing services?** Yes No

Remarks:

Is participant: Employed Student No

Remarks:

Please explain why is person good candidate?

Referring USPO:

Date: