

**Agreement to Schedule an Appointment
for a Complete ASAM-PPC-2-R Assessment**

Monmouth County IDRC
PO Box 3000 Freehold, NJ 07728
Phone: (732) 308-3713 Fax (732) 625-3907

Name and Address of Treatment Program	Name of Client
	Driver License No.
	Required Contact Date

I understand that I will be required to contact the licensed provider/agency named above by the Required Contact Date listed above, for the purpose of determining if treatment is appropriate and if so, the level of care indicated.

If treatment is appropriate and the level of care is determined, it will be my responsibility to follow the treatment plan developed with my counselor.

I also understand that if I do not cooperate the IDRC is required to refer my case to the sentencing court and that I may be subject to a minimum jail sentence of 2 days, indefinite license suspension and possibly other penalties. I will be eligible for a notification of compliance only after my discharge status has been reported to the IDRC.

Signature of Client	Date
Signature of Witness	Date