

**JACKSON COUNTY UNDERAGE VIOLATORS PROGRAM**

Participant will contact West Central Behavioral Health **within 5 business days** of the Initial Hearing to schedule an appointment for an Alcohol Screening and recommendations.

Name: \_\_\_\_\_

Court #: \_\_\_\_\_

Alcohol Screening and Recommendations  
Verification Form

Payment received in full on: \_\_\_\_\_ Initial of receipt: \_\_\_\_\_  
Date

Screening Scheduled on: \_\_\_\_\_

=====  
Date of Screening: \_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_  
Print name/credentials

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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