

Council on Alcoholism and Addictions of the Finger Lakes

620 W. Washington Street, Geneva, NY 14456 (315) 789-0310 (Fax 315 789-0084)

ADPEP

ALCOHOL AND DRUG PREVENTION EDUCATION PROGRAM

Referral Form

*For Court Referrals to the Council on Alcoholism and Addictions for the
"Alcohol and Drug Prevention Education Program"*

**Please Print this referral form, complete, and mail or fax to the
Council on Alcoholism and Addictions at the address below.**

Defendant Name: _____

Address: _____

Telephone: (H) _____

Date of Birth: _____

Defendant was arraigned on _____ in the _____ court
before Justice _____ and was given an adjournment to report to the Council on
Alcoholism to participate in the education classes on: _____.

The defendant was also advised that a \$50.00 fee must be paid prior to the classes, and that
information regarding participation in and/or completion of the program will be delivered to the
court.

We thank you for your assistance.

Date: _____ By: _____

Please Mail or Fax to:
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