



Division of Parole and Probation Offender Program Acknowledgement



Name: _____ Social Security No: _____ DOB: _____

Referral type:

- Substance Abuse
 Impulse Control
 Anger Management
 Mental Health
 Domestic Violence
 Adult Education
 Other _____

I acknowledge that I am required to obtain an Evaluation, Counseling, Educational Program, Class and/or Training. I acknowledge that I MUST contact a service provider, arrange for services and begin prior to _____. I understand that that it is my responsibility to provide documentation of completion and/or monthly updates to the Division of Parole and Probation. I further understand that failure to comply shall result in sanctions being imposed, up to and including revocation proceedings.

THE DIVISION OF PAROLE AND PROBATION DOES NOT ENDORSE OR RECOMMEND ANY SPECIFIC SERVICE PROVIDERS. THE INCLUDED PROVIDER LIST IS FOR GENERAL INFORMATION ONLY. ALL SERVICE PROVIDERS LICENSED WITH THE STATE OF NEVADA ARE ACCEPTED.

(Regional provider lists may also be obtained online at npp.dps.nv.gov)

Offender Signature

Date

Referring Officer Printed Name

Date

Referring Officer Signature