



## Chippewa County Criminal Justice Services Programming Referral

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**Date of Referral:**

**Referring Agency:**

**Contact Person:**

**Phone Number:**

**Email Address:**

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**Participant Information:**

**Name:**

**Date of Birth:**

**Phone Number:**

**Allow texts?**

**Yes**

**No**

**Email:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Evidence-Based Programming Requested:**

☐ Moral Reconciliation Therapy (MRT) **\$30 Fee**

☐ Low Risk Moral Reconciliation Therapy (MRT) **\$30 Fee**

☐ Anger Management **(\$20 Fee)**

☐ Living in Balance **(\$20 Fee)**

*A tentative start date will be provided within five (5) business days of receiving the referral.*

**Payment Options:**

Cash

Money Order

Electronic Payment (Point & Pay)

**Party Responsible for Payment:**

Participant

Referring Agency

\*Payment must be received by the group start date\*

Submit referral and/or questions to:  
cjs@chippewacountywi.gov