



## Chippewa County Criminal Justice Services Programming Referral

**Date of Referral:**

**Referring Agency:**

**Contact Person:**

**Phone Number:**

**Email Address:**

### **Participant Information:**

Name: Date of Birth:

Phone Number: Allow texts? Yes No Email:

Address: City: State: Zip Code:

### **Evidence-Based Programming Requested:**

- Moral Reconation Therapy (MRT) **\$30 Fee**
- Low Risk Moral Reconation 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](mailto:cjs@chippewacountywi.gov)