

**STATE OF MICHIGAN
SENTENCING ORDER / REFERRAL FORM
DATE:**

JUDGE:	CIRCUIT CRT#	CITY:
	DISTRICT CRT #	CITY:
PROBATION OFFICER:	CHARGE:	
DEFENDANT NAME:	CASE#	
STREET ADDRESS:	SENTENCING DATE:	
CITY, STATE, ZIP:	REFERRAL DATE:	
E-MAIL:	BAC:	PRIORS? Y_ N_
PHONE: (including area code)	EMERGENCY CONTACT PHONE:	

YOU HAVE BEEN REFERRED TO:

PROGRAM

REALITY CHECK WEB WEEKEND PROGRAM -----
 REALITY CHECK WEB DAY PROGRAM -----

Bright Outcomes LLC Reality Check Weekend Day and Web Programs

www.brightoutcomes.net
team@brightoutcomes.net

Register within 10 days of Sentencing*

*Register at BrightOutcomes.net/Registration or call Bright Outcomes Team at (231)938-2999 if unable to register online.
 Participant: Contact us at 231-938-2999 or visit our Website at <https://BrightOutcomes.net/Program-Dates> for available dates.

** Weekend Program Required attendance: 8:00 a.m.-8:00 p.m. Saturday and Sunday **

BRIGHT OUTCOMES LLC'S WEB PROGRAMS RESERVES THE RIGHT TO ALTER THE SCHEDULED SESSION
 PLEASE READ THE FOLLOWING AND SIGN BELOW:

Cost of the Program:
 Reality Check Web Weekend: \$325.00
 Reality Check Web Day: \$185.00

Registration and payment in full is required 14 days prior to the class. (Certified Check / Money Order / Credit or Debit Card).

I understand that the court will be informed of my completion of the program.
 This is to certify that I am participating voluntarily in Reality Check Program.

 Participant Signature/Date

 JUDGE/PROBATION