

**Agreement to Schedule an Appointment  
for a Complete ASAM-PPC-2-R Assessment**

Monmouth County IDRC  
PO Box 3000 Freehold, NJ 07728  
Phone: (732) 308-3713

Name and Address of Treatment Program  PRINT THE NAME AND CONTACT INFORMATION FOR THE AGENCY INCLUDE PHONE#, FAX# AND EMAIL	Name of Client PRINT CLIENT'S NAME
	Driver License No. PRINT CLIENT'S DRIVER LICENSE NO.
	Required Contact Date

I understand that I will be required to contact the licensed provider/agency named above by the Required Contact Date listed above, for the purpose of determining if treatment is appropriate and if so, the level of care indicated.

If treatment is appropriate and the level of care is determined, it will be my responsibility to follow the treatment plan developed with my counselor.

I also understand that if I do not cooperate the IDRC is required to refer my case to the sentencing court and that I may be subject to a minimum jail sentence of 2 days, indefinite license suspension and possibly other penalties. I will be eligible for a notification of compliance only after my discharge status has been reported to the IDRC.

Signature of Client  CLIENT SIGN NAME	Date  PRINT DATE
Signature of Witness  WITNESS SIGN NAME ( anyone )	Date  PRINT DATE