

**PROBATION & PAROLE
TREATMENT REFERRAL VOUCHER**

Date _____ District # _____

Offender Name _____

DOC # _____ County/Case # _____

Indigent Parolee Parole Suspended Deferred

Date Paroled _____ Date Supervision Expires _____

Appointment date/time _____

Service Provider _____

Provider Address _____

Provider Phone # _____

Type of Service _____

Reporting instructions _____

Authorizing Signature _____

Offender Signature _____

For Vendor Use Only A copy of this entire voucher must be attached for processing of payment
Authorized Vendor Signature _____
Date Service initiated _____
Estimated cost of treatment _____

PP-000001

White Copy-Offender to vendor
Yellow Copy-Supervisor Copy
Pink Copy-File Copy

DOC 160901K (2/06)