

"THEFT TALK"™

Counseling Service, Inc.

Referral Form

Today's Date: _____

Case/DA #: _____

Must attend by: _____

Please ✓ Program the client is being referred to:

Adult Offender Program

Spanish Adult Offender Program

Online Class not allowed

Juvenile Offender Program (ages 13-17)

Young Offender Program (ages 7-12) No Online Class for Young Offenders

Client Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____

Client Email: _____ Parent Email for Juvenile: _____

(E-mail used to send reminder notice)

Referring Person: _____

Court / Agency: _____



1. Can the punishment STOP you from stealing? YES NO

2. **WHO** can STOP you from stealing? _____

3. **WHY** is it wrong to steal? _____

How? _____

4. In the theft you committed, **WHO** was hurt? **HOW** were they hurt?

5. **WHAT** choice about others, (what quality within you), will STOP you from stealing?

6. What question did "THEFT TALK"™ end with – and ask you to consider? (Three words, a question).

7. Please write comments regarding you experience at "THEFT TALK"™:

I acknowledge and authorize "THEFT TALK"™ to send this form, and an accompanying report, to the above listed referral source as formal notice of attendance at "THEFT TALK"™.

Client Signature: _____ Date: _____

(Agency Use Only)

This person has **Successfully** completed "THEFT TALK"™ **Please see attached report.**

success by understanding & relating

success by basic understanding

success by rote recall & memorization

success by minimal standards

UNsuccessfully completed "THEFT TALK"™ **Please see attached report.**

Counselor: _____ Date: _____