

Month DATE, 2007

To: (Judge or Circuit Court Case Manager)  
Natrona County Circuit Court  
201 N. David, 5<sup>th</sup> Floor  
Casper, WY 82601

(keep letter to a single page)

**RE:** (Client Name)

**DOB:** (Client DOB)

**Confidential: For Professional Use Only**  
**Do Not Re-disclose Without Written Authorization from Client**

(Client Name) was referred for a substance use assessment by the court. The assessment was completed with (Evaluator Name & Credentials) on (Date) at (Facility or NCDC). (Include statement that client was asked about pending court or sentencing issues that may require review of the evaluation by a judge or court representative, and client states they do/do not have potential court related issues, and has agreed/declined to authorize a consent for release of confidential information between the evaluator and the Court Case Manager.

In addition to a personal interview and review of collateral materials from (please indicate who or where contributed the info), the client was assessed for substance use problems using:

- Addictions Severity Index (ASI) or Global Assessment of Individual Needs (GAIN) or ADAD-DENS
- ASAM PPC-2R
- DSM-IV

Statement indicating that collateral information from (state source) was (or was not) included.

(Any information clarifying and relevant to the recommendations. For example: family situation, substance use patterns, past treatment and explanation of unique circumstances.)

**Diagnosis:** (DSM-IV diagnosis)

**Recommendation:** (Level of care – please include level & program info. i.e. IOP. Relapse Prevention, etc.)

**Referrals:** (Please indicate entities that you refer the client to or any future appointments that you schedule for them at your facility.)