



Brains At Risk Program Referral Form

The Brain Injury Association of Massachusetts Brains At Risk Program is an education and awareness court-referral program that links choices made behind the wheel to traumatic brain injury (TBI).

To refer, probation officers must complete this form, fax to (508) 475-0039, provide a copy to and review section two with the referred individual.

Referred individuals will be:

- Notified by mail of the date, time, and location of the assigned seminar, and
- Scheduled for the next available seminar in their area.

Questions? Visit www.brainsatrisk.org or call (508) 475-0036 from 9:00 AM until 3:00 PM.

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Section One: Referral & Court Information

Please print clearly. BIA-MA Referral ID Number (Office use only): _____

Date: _____ Check One: English ___ Spanish ___
(NOTE: Spanish –speaking programs are in Salem & Worcester, Massachusetts only.)

Name: _____ Docket Number: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____ Date of Birth: _____

Offense: _____ *Court: _____ *Probation Officer: _____

*Certificates of Completion & Notice of Failure to Appear will be mailed directly to the Probation Officer listed above. If not applicable, please note any other supervising agency that would like notification.

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Section Two: Payment, Next Steps & Consent

I (print name) _____, the referred individual, have read, understand, and agree to the following terms and conditions of the Brains At Risk Program:

(Initial) My contact & probation information will be released to BIA-MA,

(Initial) I will pay a program fee of \$50.00,

(Initial) I will be required to pay an additional \$50.00 for each postponed or missed seminar,

(Initial) I will contact BIA-MA if I do not receive a letter notifying me of my scheduled seminar within two weeks, and

(Initial) I will contact BIA-MA if my mailing address/contact information is changed.

Signature of Referred Individual

Date