



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 - Email to brainsatrisk@biama.org.

Please note: All programs will be presented in English
For all non-English speaking individuals, you may bring an interpreter to the class.

Please review section two with the referred individual and give them a copy for their records.

Referred individuals will be automatically enrolled in a class and:

Notified by mail of the date, time, and location of the assigned seminar, and will be scheduled for the next available class in their residential area.

Questions? Call (508) 475-0036 between 9:00 AM - 4:00 PM. or visit www.biama.org/brainsatrisk

Section One: Referral & Court Information - Please print clearly

BAR Referral ID Number (Office use only):

Date: Interpreter will attend: (Please check)

Name: Docket Number:

Mailing Address: City:

State: Zip Code: Phone: Date of Birth:

Offense: OUI/DUI Driving to Endanger Speeding Minor in Possession Other

*Court: *Probation Officer/Magistrate:

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

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:

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

I will pay a program fee of \$50.00, in the form of a money order,

I will be required to pay an additional \$65.00 for each postponed or missed seminar in addition to the class fee of \$50.00,

I will contact BIA-MA if I do not receive a letter notifying me of my scheduled seminar within 14 days, and

I will contact BIA-MA if my mailing address/contact information is changed at any point.

Consent Yes No Signature of Referred Individual Date