

PREVENTION OF:
ANIMAL CRUELTY
COUNSELING PROGRAM

**COURT
REFERRAL
FORM**

REFERRING AGENCY: _____

DEPUTY DA: _____ Phone: _____

CASE NO.: _____

DEFENDANT: _____
(Last Name) (First Name) (Middle Initial)

(HOME ADDRESS) (APT. #) (CITY) (ZIP) (PHONE NO.)

1. You have been ordered by the court to attend a prevention of animal cruelty counseling program as indicated below: **(Check Appropriate Box)**

LEVEL I	LEVEL II	LEVEL III	DOG FIGHTING OR REPEAT OFFENDER
24 SESSIONS	48 SESSIONS	52 SESSIONS	PSYCHOLOGICAL EVALUATION + 52 SESSIONS

2. You must contact by telephone the program listed below and make an appointment immediately upon leaving the courthouse. You must be enrolled in the program and start the counseling within (14) days.

Program Name: AAA Family Harmony – Armonia Familiar
Office Hours: Monday – Friday 9:00 a.m. – 5:00 p.m. **Telephone:** (818) 787-7878

3. FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL BE REPORTED TO THE COURT AFTER (14) DAYS.

NOTICE

Referring agency must mail original of this form and copy of arrest report to:

Family Harmony – Armonia Familiar
6850 Van Nuys Boulevard, Suite 100
Van Nuys, CA 91405
Attn: A. Abrams

Family Harmony operates (7) program sites in Los Angeles County. Family Harmony will contact all referrals within (48) hours following receipt of referral forms and copy of arrest report, and match them to the closet location of referral's work or home address.