



## Consent to Participate in Group

Client Name \_\_\_\_\_ Case # \_\_\_\_\_ Date \_\_\_\_\_

Program: \_\_\_\_\_

As a Consumer of Recovery Technology LLC, I agree:

To participate in the following services provided by Recovery Technology LLC.

Yes                      No                      Name of Program: \_\_\_\_\_

I understand that as a court ordered Consumer I will be required to sign consent to release information to my probation/parole officer and that my attendance. Participation and progress will be reported to the court officer periodically.

I also understand that any behavior deemed threatening to Recovery Technology LLC staff or consumers will be grounds for suspension of services and will be communicated to the assigned court officer.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_