

**OKLAHOMA DEPARTMENT of CORRECTIONS
PROBATION and PAROLE
TREATMENT REFERRAL VOUCHER**

Date _____ Regional Office # _____

Offender Name _____

ODOC # _____ County/Case # _____

Indigent Parolee Parole Suspended Deferred

Date Paroled _____ Date Supervision Expires _____

Appointment date/time _____

Service Provider _____

Provider Address _____

Provider Telephone # _____

Type of Service _____

Reporting instructions _____

Authorizing Signature _____

Offender Signature _____

<p>For Vendor Use Only</p> <p>A copy of this entire voucher must be attached for processing of payment</p> <p>Authorized Vendor Signature _____</p> <p>Date Service initiated _____</p> <p>Estimated cost of treatment _____</p>

PP-000001

White Copy-Offender to vendor
Yellow Copy-Supervisor Copy
Pink Copy-File Copy