

## RELEASE / RECOVERY PLAN

State Form 46495 (3-94)

**Department of Correction  
Substance Abuse Program**

Name of sending facility			Release / transfer date (month, day, year)
Name of client / offender			DOC number
Home address (if available)			
City	State	ZIP code	Home telephone number (       )
Receiving facility / parole			

**The following recommendations are made as this individual's facility release plan:**

**If further information is needed, the substance abuse counselor may be contacted in writing or by telephone.**

Signature of client/offender	Date signed (month, day, year)
Signature of sending substance abuse counselor/clinician	Date signed (month, day, year)
Signature of parole/probation officer (if applicable)	Date signed (month, day, year)
Signature of receiving substance abuse counselor/clinician (if applicable)	Date signed (month, day, year)

**DISTRIBUTION:** White - Offender packet; Pink - Offender