

**PRETRIAL SERVICES REFERRAL FOR GATEWAY ASSESSMENT**

For Out-Of-Custody Defendants - **DIRECTIONS FOR THE CLIENT** – Name \_\_\_\_\_

- 1) **CALL GATEWAY Call Center AT 1-800-488-9919 WITHIN THE NEXT 24 HOURS (between 8am to 5pm - excluding weekends).** As a condition of your release, the Court has ordered you to participate in substance abuse treatment/counseling. In order to help you meet that requirement effectively, you are being directed to call GATEWAY at 1-800-488-9919 for assessment/screening.
- 2) **TELL GATEWAY THAT YOU HAVE BEEN REFERRED BY THE Office of PRETRIAL SERVICES & don't tell GATEWAY anything about a possible eligibility for DEJ, Prop. 36 or PC1000.** GATEWAY will screen you to identify your treatment needs and refer you to a treatment provider.

**\*\*YOU ARE A PRETRIAL SERVICES CLIENT\*\***

**Information you need to write down during your call to GATEWAY:**

- \* Name & Ph # of the program recommended: \_\_\_\_\_
- \* Date, time and location of assessment appointment: \_\_\_\_\_
- \* Name of the person you talked to at Gateway: \_\_\_\_\_

PFN: \_\_\_\_\_ & CEN/DOCKET #: \_\_\_\_\_

- 3) **CALL YOUR PRETRIAL SERVICES OFFICER AND ADVISE HIM OF THE DATE, TIME AND LOCATION OF YOUR ASSESSMENT APPOINTMENT.**

**YOUR OFFICER NEEDS THIS INFORMATION BY: \_\_\_\_\_**

- 4) **GO TO YOUR ASSESSMENT APPOINTMENT AS SCHEDULED. TAKE THIS FORM WITH YOU AND GIVE THIS FORM TO YOUR COUNSELOR.**

- 5) **YOU ARE EXPECTED TO COOPERATE AND ANSWER ALL QUESTIONS HONESTLY.** It is not appropriate for you to recommend your own treatment plan. The people who will be interviewing you are trained and educated to identify the program most likely to help you. The information they are gathering is solely for the purpose of determining your eligibility for their program and developing a treatment plan.

- 6) **YOU ARE EXPECTED TO PARTICIPATE IN THE RECOMMENDED TREATMENT PROGRAM.** The result of your assessment will be your placement in appropriate substance abuse counseling/treatment, which could consist of either a residential program, a Sober Living Environment (SLE), a Transitional Housing Unit (THU), outpatient, relapse prevention or education.

**TAKE THIS FORM AND GIVE IT TO YOUR COUNSELOR AT YOUR SUBSTANCE ABUSE TREATMENT PROGRAM**

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**FAX PROOF OF ENROLLMENT & TREATMENT STATUS REPORT (TSR) @ (408) 918-7902**

