



A NEW AWAKENING
COUNSELING SERVICES

Date: 6/9/09



_____ has been scheduled for an
orientation and intake

Saturday 10-12 Date: 6/13/09

PLEASE NOTE: THERE IS A \$10.00 PER SESSION FEE. THIS FEE IS DUE AT EACH SESSION. CLIENT WILL BE SENT AWAY WITH NON-COMPLIANCE IF THERE IS NO PAYMENT.

CLIENT IS EXPECTED TO BE ON TIME AND WILL HAVE A NON-COMPLIANCE SENT IF CLIENT ATTENDS SESSION AFTER 15 MINUTES OF START TIME.

IT IS THE CLIENTS RESPONSIBILITY TO GIVE THIS NOTICE TO TRACKER

METROPOLITAN DETENTION CENTER
100 JOHN DANTIS RD. S.W. ALBUQUERQUE, NM 87151
COMMUNITY CUSTODY PROGRAM
DAILY ITINERARY

NAME: [REDACTED] DATE 6/8/2009 PHONE#: [REDACTED] CELL#: _____
[REDACTED] Albuquerque 87121

ADDRESS _____ APT# _____ CITY _____ ZIP _____
Approved to drive Y N Additional Information: _____

Circle letter on left side of itinerary, stating method of transportation to each activity. B=Bus, W=Walk, D=Drive, R=Ride

*MONDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM (B) W D R
Activity: Recovery Address: Five Points SW

2) NAME: Public Defender FROM: _____ TO: _____ (B) W D R
Activity: L=Legal Address: 5th + Marquette

*TUESDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: _ NEW AWAKENINGS / ERRANDS FROM: 10AM TO: 4PM (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

*WEDNESDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: Colonial / ERRANDS FROM: 10 AM TO: 1:30 PM (B) W D R
Activity: P-PROGRAM Address: Lomas NE

*THURSDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: _____ FROM: _____ TO: _____ (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

*FRIDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM B W D (R)
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: _____ FROM: _____ TO: _____ B W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

*SATURDAY 1) NAME: _ METHADONE FROM: 6:45AM TO: 10AM (B) W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: New Awakenings FROM: 10:00 TO: 12:00 (B) W D R
Activity: Program Address: 600 1st

*SUNDAY 1) NAME: _ LOCKDOWN FROM: 7AM TO: 3PM B W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

2) NAME: _____ FROM: _____ TO: _____ B W D R
Activity _____ Address _____ Contact Person _____ Phone # _____

Call In's 1. OFFICER: T. Sanchez Checkin # 468-1633 CONTACT # 238-8690
Check that ringer and line are active. When at a location W/O a phone for more than four (4) hours, a voicemail must be made to pager.

Activity Codes: w=work, s=school, vo=vocational, p=program, v=visiting, r=recreation, m=medical services, rs=religious services,
l=legal services, c=check in, h=home, j=job search, o=other: _____

