

UNITED STATES PROBATION AND PRETRIAL SERVICES  
DISTRICT OF UTAH

**JEFFREY H. ROSENLUND**  
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**PRIOR APPROVAL REQUEST FORM**

Agency Name:

Date:

Defendant's Name:

PACTS #:

Provider is requesting prior approval of the following:

Doctor:

Cost:

Lab:

Cost:

Additional treatment (i.e., weekly individuals, bi-weekly medication monitoring:

Your justification and duration of time for this request:

I certify that I have discussed this request with USPO

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Provider's Name

USPO Office Use:	
<input type="checkbox"/> Denial	Reason:
<input type="checkbox"/> Approval	Approval End Date: