

# Key Contacts

Fill this in NOW. You won't remember numbers in a crisis. Give a copy to someone you trust.

## Legal & Court

### Probation Officer

Name

Phone

Email

### Parole Officer (if different)

Name

Phone

Email

Office Address

### Attorney / Public Defender

Name

Phone

Email

Case Number

## Recovery Support

### Sponsor

Name

Phone

Home Group

### Recovery Coach / Peer Specialist

Name

Phone

Organization

### Therapist

Name

Phone

Office Address

Appointment Day/Time

### Psychiatrist / Prescriber

Name

Phone

Office

Next Appointment

## Family & Support

### Emergency Contact #1

Name

Phone

Relationship

**Emergency Contact #2**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Trusted Friend / Sober Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Services**

**Case Manager**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_

**DSS / Social Worker**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_ Appointment \_\_\_\_\_

**Child Support Caseworker**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Case Number \_\_\_\_\_