

IN THE ______ JUDICIAL CIRCUIT, ______ COUNTY, MISSOURI

Judge or Division:	Case Number:	
Full Name of Petitioner (Name, Address, Driver's License No.):		
	VS	
Respondent (the person or entity making	ng the needs assessment) (Name, Address):	

(Date File Stamp)

Petition for Review of a SATOP Assessment Assignment Recommendation

Pursuant to section 302.304 or 302.540, RSMo, I request that the court hear and determine this petition for review of the attached assignment recommendation contained in the Substance Abuse Traffic Offender assessment (SATOP Notice of Offender Assignment Form A3). I object to the assignment recommendation for the following reasons:			
I request the following relief:			
	Date Petitioner	<u> </u>	
Instructions to Petitioner			
1.	1. This petition for review should be filed in the circuit court of the county in which the assignment was ma	ade.	
2.	2. Make sure to attach a copy of the "SATOP Notice of Offender Assignment Form" (A3) with this petition	before filing.	
3.	3. The filing of this petition is a civil action for which you will be expected to pay a civil cost deposit at the	time of filing.	
4.	4. It is best if you use the name of a service provider (i.e., the business or company) for the respondent ir individual who administered the test and held the personal interview with you. If you use the name of the there may be times when the person no longer works for the provider and the petition cannot be served. The court may dismiss the case if service cannot be made on the party listed as the respondent.	ne individual,	
5.	5. The court clerk will provide a copy of this petition to the sheriff or server to deliver to the respondent. W petitioner is represented by an attorney, the attorney will provide a copy of this petition to the sheriff or deliver to the respondent.		
6.	6. This does not exempt the petitioner from any condition of probation requiring completion of a S Abuse Traffic Offender Program (SATOP).	Substance	