

**Georgia Department of Corrections  
Moral Reconciliation Therapy  
Workbook Order Request**

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**Step 1: Contact Consultant via email or phone to request workbooks.**

**TO: Risk Reduction Services  
Cognitive Behavioral Unit:**

**FROM:** \_\_\_\_\_  
Site Name  
\_\_\_\_\_  
Facilitator Name

**Date of Request:** \_\_\_\_\_  
**Date Group Began:** \_\_\_\_\_  
**Number of Copies Requested:** \_\_\_\_\_  
**Number of Current Participants:** \_\_\_\_\_

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**Step 2: This section will be completed by the Risk Reduction Services Staff.  
Your Cognitive Behavioral Consultant must approve all MRT workbook orders.**

**Date Order Sent to Site:** \_\_\_\_\_  
**Method of Delivery:** \_\_\_\_\_  
**Number of Workbooks Sent:** \_\_\_\_\_  
**RRS Staff Signature:** \_\_\_\_\_

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**Step 3: This section is to be completed by the MRT Facilitator requesting Workbooks.  
Upon Receipt of the Workbooks, the facilitator will complete while consultant is on site.**

**Date Order Received:** \_\_\_\_\_  
**Received by:** \_\_\_\_\_  
**Number of Workbooks:** \_\_\_\_\_

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