

**COMMUNITY ALTERNATIVE CENTER
CRAWFORD COUNTY MUNICIPAL COURT
REFERRAL FORM**

Court: _____ Judge: _____

P.O. or Other Court Contact: _____ Date: _____

OFFENDER INFORMATION

_____ (_____)
Last Name First Middle AKA

Home Address: _____

_____ Street Apt # City State Zip Code

D.O.B.: _____ SS# _____

Phone Contact (s): _____ - _____ - _____

Case #: _____ Offense: _____ Attorney: _____

Date / Length of Sentence: _____ Education Level: _____

Employment Status: _____ Shift/Hrs. _____

Medical Issues (*list if any*): _____

Additional Comments: _____

PROGRAM AUTHORIZATION

___ Judgment Entry Attached |

Ordered # Days: _____

___ **Court To Pay for CAC Program Costs**

___ **Offender to Pay CAC Program Costs**

Work Release Conditions (if authorized by Court):

Additional Court Comments:

**Fax form to: 419-774-3544
To Schedule: Call between the hours of 9-4 pm M-F
Amy Shores, Administrative Assistant @ 419-295-8269
or Tom Trittschuh, Director @ 419-295-2122 (Cell) or 419-774-3576 (Office)**

**Community Alternative Center
597 Park Ave. East
Mansfield, OH 44902**

_____ Days @ \$40.00 (Jail Time Only) = \$ _____
_____ Days @ \$50.00 (Treatment) = \$ _____
_____ \$60 D/A Assessment (if necessary) = \$ _____
