

**COMMUNITY ALTERNATIVE CENTER  
FRANKLIN COUNTY MUNICIPAL/COMMON PLEAS 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** Authorization of funds: \_\_\_\_\_

F.C.M.C. Chief P.O.

\_\_\_ **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  
Malissa Higginbotham, Case Manager @ 419-774-3557  
or Tom Trittschuh, Director @ 419-295-2122 (Cell) or 419-774-3576 (Office)

Community Alternative Center  
597 Park Ave. East  
Mansfield, OH 44905

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

\_\_\_\_\_