

**COMMUNITY ALTERNATIVE CENTER  
LICKING 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

**Community Alternative Center  
597 Park Ave. East  
Mansfield, OH 44902      Phone: 419-774-3557**

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

\_\_\_\_\_