

**COMMUNITY ALTERNATIVE CENTER
REFERRAL FORM
For Ontario Municipal Court**

Court: Ontario Municipal Mayor/Magistrate: _____
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: _____

PROGRAM AUTHORIZATION

Judicial Approval: _____ **Judgment Entry Attached** |

Program Needs: (*Check Desired*)

| Drug /Alcohol Counseling | AA / NA Meetings | GED or Educational Classes
| Anger Management | Domestic Violence Education | Theft Prevention Program
| Other _____

Initial Payment Ordered: _____ Indigent: _____ Ordered Days: _____

Work Release Conditions: _____

Judicial Comments: _____

Fax form to: **419-774-3544**

**Community Alternative Center
597 Park Avenue East
Mansfield, OH 44902
419-774-3576**

_____ Days @ \$30.00 = \$ _____.

Initial Payment: \$ _____.

Balance Due: \$ _____.