

**COMMUNITY ALTERNATIVE CENTER  
Sandusky Co. 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 44905**

\_\_\_\_\_ Days @ \$40.00 (Jail Time Only) = \$ \_\_\_\_\_

\_\_\_\_\_ Days @ \$50.00 (Treatment) = \$ \_\_\_\_\_

\_\_\_\_\_ \$60 D/A Assessment (if necessary) = \$ \_\_\_\_\_

\_\_\_\_\_