

**COMMUNITY ALTERNATIVE CENTER  
WAYNE COUNTY SHERIFF DEPARTMENT (JAIL)  
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:** \_\_\_\_\_

\_\_\_ **County Jail To Pay for CAC Program Costs**

\_\_\_ **Offender to Pay CAC Program Costs**

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 (D/A Treatment) = \$ \_\_\_\_\_

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

\_\_\_\_\_