

**COMMUNITY ALTERNATIVE CENTER
LICKING COUNTY MUNICIPAL COURT
REFERRAL FORM**

Court: _____ Judge: _____

P.O. or 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: _____

Start 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: EMAIL or call between the hours of 9-4pm M-F

Amy Shores, Residential Manager email (Primary) @ shores.a@richlandcourtsuh.us or call 419-774-3525

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

____ Days @ \$40.00 (Jail Time Only) = \$ _____

____ Days @ \$50.00 (Treatment) = \$ _____

____ \$60.00 D/A Assessment (if necessary) = \$ _____