

**COMMUNITY ALTERNATIVE CENTER  
NORWALK 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](mailto: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) = \$ \_\_\_\_\_