

COMMUNITY ALTERNATIVE CENTER

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 between the hours of 8a-4p M-F

Please allow up to 48-72 hours for a response

**Amy Shores, Residential Manager email (Primary) @ cacintakes@richlandcourtsuh.us
419-774-3525**

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

____ **Days @ \$55.00 (Jail Time Only) = \$** _____