COMMUNITY ALTERNATIVE CENTER
MANSFIELD 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 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@richlandcourtsoh.us
419-774-3525

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

___ Days @ $55.00 (Jail Time Only) = $_____