

**OAKLAND COUNTY
COMMUNITY CORRECTIONS DIVISION**

Alternative Treatment Centers

Referral Form

The defendant named below has been sentenced to participate in an Alternative Treatment Center in lieu of _____ jail days. Treatment has been arranged at:
with pickup from Oakland County jail on:

Comments:

DEMOGRAPHICS

<i>Last Name, First Name, Middle Name</i>					<i>Race</i>	<i>Gender</i>	<i>Date of Birth</i>
<i>Marital Status</i>	<i>Education</i>	<i>Inmate Number</i>	<i>SID #</i>	<i>FBI #</i>	<i>SSN</i>	<i>MDOC</i>	<i>Referral Source</i>

ADDRESS

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
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EMPLOYMENT

<i>Employment</i>	<i>Employer</i>	<i>Start Date</i>	<i>Last Date of Employment</i>
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CASE INFORMATION

<i>Docket Number</i>	<i>Judge</i>		<i>Court</i>	<i>Docket Disposition</i>	<i>Crime Class</i>	<i>Conviction Date</i>		
<i>Legal Status</i>	<i>Sentence Type</i>	<i>PACC Code</i>	<i>Charge/Offense</i>			<i>On Probation</i>		
<i>Referring Agent</i>			<i>RA Phone and Fax</i>		<i>RA Email</i>			
<i>Probation Violation</i>	<i>SGL Min</i>	<i>SGL Max</i>	<i>PRV</i>	<i>OV</i>	<i>Number of Prior Convictions</i>	<i>Number of Assaultive Convictions in last 5 years</i>	<i>Pending Charges in Court</i>	<i>Next Court Date</i>

SUBSTANCE USE

<i>Drug of Choice</i>	<i>Frequency of Use</i>	<i>Diagnosis</i>	<i>Medications</i>	<i>Therapist (if known)</i>
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Community Corrections contact:

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