Oakland County Community Corrections Division ★ WWAM Program

C★Star ID: _____

Participant Information / Referral Form

Last	First	Middle	Address, City, Zip
			,

Race	Gender
DOB	SSN
Phone	

Docket	Charge	MCL Code	VOP
			☐
			☐
			☐

Court: _____
Judge: _____
Probation Officer: _____
Clerk: _____
Is this a reinstatement? _____

Referral Date	Enrollment Date (Date to Start WWAM)	Projected Completion Date

WWAM Days: _____

☐ SAT ☐ SUN WED ☐ THUR ☐ FRI
Check the day(s) the client is to attend WWAM

***** Please call the WWAM office at 248.451.2330 for available WWAM dates, then enter the assigned dates below*****

SATURDAY	SUNDAY	THURSDAY ☐ Warm Wear	FRIDAY ☐ Warm Wear

For Office Use Only

Reinstatement Date	WWAM Days	Final Days

The defendant must call WWAM **within 24 hours** to schedule their WWAM days.

Call 248.451.2330 - Monday through Friday between 8:00AM and 4:30PM.

Comments:

After completing this form please fax to 248.451.2319 or e-mail form to commcorr@oakgov.com with email subject "**WWAM Referral**"