

**LICKING-MUSKINGUM COMMUNITY CORRECTION CENTER  
REFERRAL FORM**

**Date:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Case No.** \_\_\_\_\_

**Name:** \_\_\_\_\_ **AKA:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Judge:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Prosecuting Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Defense Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Case Status:**  ILC  sentencing  probation violation  judicial release

**Current Charge(s)/degree of offense:** \_\_\_\_\_  
\_\_\_\_\_

**Court Date:** \_\_\_\_\_

**Offender Status:**

**Jail:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Inmate #:** \_\_\_\_\_

**Home Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**PROBATION OFFICER IMPRESSION/RECOMMENDATION**

**Reason for referral?**  Judge's order  P.O. recommendation  Offender requested

**Does offender want the program?**  Yes  No **Why:**  avoid punishment  motivated for change

**Is the offender ready to address criminal behavior and treatment needs?**  Yes  No **explain:** \_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_