

Program name
Address

REFERRAL TO PROGRAM NAME

1. Referral Information:

Date:	Date of Offense:	Probation Term:
Full Name:		
Charge(s):		
Date of Birth:		
Street Address:	City:	Zip Code:
Home Phone:	Other Phone:	

2. Referral Source:

<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Therapist	<input type="checkbox"/> D.H.S.	<input type="checkbox"/> Other:
<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Parole Officer	<input type="checkbox"/> Judge	<input type="checkbox"/> Magistrate
<input type="checkbox"/> District Court	<input type="checkbox"/> Circuit Court:	<input type="checkbox"/> Juvenile Court	
Court Case Number:		Sentencing Date:	
Name Of Referring Individual:			
Address:			
Phone:			
Pertinent Case Information:			

3. Referred To: PROGRAM NAME:

Shall attend Orientation on: ____/____/____

4. Release Authorization (to be signed by the person being referred):

In signing this release I understand that I give permission for all parties listed on this form, designee, records department, successors, assigns and any personnel necessary to the performance of the duties of the individual and/or agency, to release information in my records. The purpose of this disclosure is to assist this agency and/or persons in arriving at an equitable and appropriate disposition of my case. This authorization will remain in effect until 90 days following my discharge from services at [name of BIP]. This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

_____ Service Participant Signature	_____ Date	_____ Witness Signature	_____ Date
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