

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