

**COMMUNITY ALTERNATIVE CENTER
MT. VERNON MUNICIPAL COURT
REFERRAL FORM**

Court: _____ Judge: _____
P.O. or Court Contact: _____ Date: _____

OFFENDER INFORMATION

Last Name _____ First _____ Middle _____ (_____)
AKA _____
Home Address: _____
Street _____ Apt # _____ City _____ State _____ Zip Code _____
D.O.B.: _____ SS# _____
Phone Contact (s): _____ - _____ - _____ - _____ - _____
Case #: _____ Offense: _____ Attorney: _____
Start Date / Length of Sentence: _____ Education Level: _____
Employment Status: _____ Shift/Hrs. _____
Medical Issues (*list if any*): _____
Additional Comments: _____

PROGRAM AUTHORIZATION

____ **Judgment Entry Attached**

Ordered # Days: _____

____ **Court To Pay for CAC Program Costs**

____ **Offender to Pay CAC Program Costs**

Work Release Conditions (if authorized by Court):

Additional Court Comments:

Fax form to: 419-774-3544
To Schedule: EMAIL @ call between the hours of 9-4pm M-F
Amy Shores, Residential Manager email (Primary) @ shores.a@richlandcourtsuh.us or call 419-774-3525

Community Alternative Center
597 Park Ave. East
Mansfield, OH 44905

____ Days @ \$40.00 (Jail Time Only) = \$ _____
____ Days @ \$50.00(Treatment) = \$ _____