

**OAKLAND COUNTY
COMMUNITY CORRECTIONS DIVISION**

Alternative Incarceration Center

Referral Form

FAX referral to: 248.451.2319 or

E-mail to oneald@oakgov.com

DEMOGRAPHICS

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	<i>Alias Name(s)</i>		
<i>Race</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Marital Status</i>	<i>Education</i>	<i>Inmate Number</i>	<i>SSN</i>	<i>Referral Source</i>

ADDRESS

<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
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EMPLOYMENT

<i>Employment</i>	<i>Employer</i>	<i>Start Date</i>	<i>Last Date of Employment</i>
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CASE INFORMATION

<i>Docket Number</i>	<i>Judge</i>	<i>Court</i>	<i>Docket Disposition</i>	<i>Crime Class</i>	<i>Conviction Date</i>
<i>Legal Status</i>	<i>Sentence Type</i>	<i>PACC Code</i>	<i>Charge/Offense</i>	<i>On Probation</i>	<i>Referring Agent & Phone</i>
<i>Probation Violation</i>	<i>Number of Prior Convictions</i>	<i>Number of Assaultive Convictions in last 5 years</i>		<i>Pending Charges in Court</i>	<i>Next Court Date</i>

<i>Drug of Choice</i>	<i>Frequency of Use</i>	<i>Diagnosis</i>	<i>Medications</i>	<i>Therapist (if known)</i>
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The above defendant has been sentenced to an:

Oakland County Community Corrections Alternative Incarceration Center (_____) in lieu of ____ jail days.
Name of Center

Referral Date: _____

Community Corrections contact person – Dana O’Neal at 248.451.2356