

Choices Counseling Center, LLC.
Referral Note

Date form submitted: ____/____/20____

Referring party: _____

Method of Referral: (circle one) Direct Commitment Probation Court Placement

Is this a Probation Violation?: yes no Name of Probation Officer: _____

Offense(s) _____

Office number: (____) ____ - ____ E-Mail: _____

Sentencing Date: ____/____/20____ DOC# if applicable _____

Defendant's Name: _____

Defendant's Address: _____ /IN./ _____

Home Phone; (____) ____ - ____ Cell Phone: (____) - ____ - ____

DOB: ____/____/____ race: _____

Relationship Status: Circle One: Married Divorced Widowed Separated Never married

Education Level (Highest grade completed): _____

Work Status: Circle One: Employed Unemployed

Employer's Name: _____

Emergency Contact Person: _____ Phone#: (____) - ____ - ____

Other: _____

