



COUNTY REFERRAL FORM

DATE OF REFERRAL: _____ COURT DATE: _____

CIRCLE REFERRAL TYPE: **PSI** **Revocation** **Judicial Release**

DEFENDANT: _____ DOB: _____

SSN: _____ SEX: _____ RACE: _____

CASE NUMBER: _____ CHARGE _____ ORC _____ DEGREE _____

CASE NUMBER: _____ CHARGE _____ ORC _____ DEGREE _____

CASE NUMBER: _____ CHARGE _____ ORC _____ DEGREE _____

PENDING CHARGE(S): _____

ORIGINAL REFERRAL SOURCE: **Judge** **PSI** **Parole** **PO** COUNTY: _____

PROBATION OFFICER: _____

EMAIL: _____ PHONE: _____

SENTENCING JUDGE: _____

EMAIL: _____ PHONE: _____

PROSECUTING ATTORNEY: _____

EMAIL: _____ PHONE: _____

DEFENSE ATTORNEY: _____

EMAIL: _____ PHONE: _____

CASE NOTES INCLUDED: **YES / NO** PSI INCLUDED: **YES / NO**

DEFENDANT'S HOME ADDRESS AND TELEPHONE NUMBER (PLEASE LIST EVEN IF INCARCERATED)

BOND: **YES / NO** JAIL: **YES / NO** LOCATION: _____ PD/INMATE #: _____

PLEASE FILL OUT FORM COMPLETELY AND INCLUDE THE BELOW PO SCREENING QUESTIONNAIRE ALONG WITH ANY ADDITIONAL INFORMATION THAT WOULD ASSIST IN MAKING A RECOMMENDATION.

EMAIL REFERRAL FORM AND SCREENING QUESTIONNAIRE TO THE INTAKE DEPARTMENT:
cbcfintake@franklincountyohio.gov

FEEL FREE TO CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS.
614-525-4622 – COMMUNITY JUSTICE COORDINATOR



PO SCREENING QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY IN ORDER TO ASSIST IN MAKING A RECOMMENDATION FOR PLACEMENT.

1. DOES THE DEFENDANT HAVE ANY CURRENT MEDICAL/DENTAL CONDITIONS (I.E. DIABETES, HEART DISEASE, SEIZURES, HIGH BLOOD PRESSURE, ASTHMA, TUBERCULOSIS, EPILEPSY, HEPATITIS, OTHER)?

2. IS THE DEFENDANT CURRENTLY TAKING ANY MEDICATION, INCLUDING MAT DRUGS?

3. REGARDING THE DEFENDANT'S OVERALL HEALTH, DO THEY HAVE A NEED FOR ANY TYPE OF SURGERY OR THE NEED TO SEE A SPECIALIST, INCLUDING DENTAL, WITHIN THE NEXT 6 MONTHS?

4. HAS THE DEFENDANT BEEN DIAGNOSED WITH A MENTAL HEALTH DISORDER, AND DO THEY FEEL THAT THEY ARE CURRENTLY STABLE AT THIS PRESENT TIME?

5. IS THE DEFENDANT ABLE, AND WILLING, TO FULLY PARTICIPATE IN THE FRANKLIN COUNTY CBCF PROGRAM?