



Resident Referral Sheet

Court Information

COURT: _____
PHONE: _____
JUDGE: _____
PROB. OFFICER: _____

Incarceration Information

CASE #: _____
CHARGE: _____
BEGIN DATE: _____
END DATE: _____

Offender Information

OFFENDER: _____
GENDER: _____
SS#: _____
DATE OF BIRTH: _____
DL or STATE ID #: _____
ADDRESS: _____

PHONE: _____
EDUCATION: _____

Employment Information

EMPLOYER: _____
SUPERVISOR: _____
ADDRESS: _____

PHONE: _____
HOURS WORK: _____
DAYS WORK: _____
RELEASE TIME: _____
RETURN TIME: _____

Condition of Stay

- Incarceration at facility for a period of _____ days
- PROBATION: Reinstated Terminated New Probation case
- DRUG TESTING: Yes No _____ times per week month
- AA Meetings: Yes No Schedule: _____
- Special Instructions: _____

I understand I shall spend _____ days at LDC; and, pay the first week's stay upon my admittance, pay all costs of LDC prior to my release; and, obey all rules and regulations of LDC and all terms of probation. If I violate any of these conditions, my probation officer will immediately be notified. I may also be subject to a violation of probation resulting in a court hearing and a possible increased jail sentence.

Date: _____

Defendant