Office Use Only
CD Matter I.D.

Office of the Public Defender
Community Defense- Referral

Date: _____ Referred by: _____ Matter ID: _____

Name: _____ DOB: _____ SSN: _____

Gender: _____ Race: _____ Contact #: _____

Address: _____

Current Charges: _____

Currently Incaractered: Yes ____ No ____ Where?

Are Translation Services Needed: Yes_____ No _____ Language:

Next Court Date: _____

Possible or Real release date: _____

Reason for Referral: (check all that apply)

☐ Addictions Assessment	☐ Family Law	☐ Placement Monitoring
☐ Addictions Treatment	☐ GED/Job Training	☐ Prenatal assistance
☐ Community Outreach	☐ Housing	☐ Psych Assessment
☐ Crisis Intervention	☐ Immigration	☐ Public Benefits
☐ Disabilty/SSI	☐ Juvenile Services	☐ Re-Entry Services
☐ Educational Advocacy	☐ Mental Health Treatment	☐ Waiver/Transfer
☐ Employment	☐ Other: _____	

Explanation of Problem: