

**REFERRAL FORM**  
**STATE OF MICHIGAN**  
**TUSCOLA COUNTY**  
**ADULT MENTAL HEALTH COURT**  
HON. JASON E BITZER  
440 NORTH STATE STREET, CARO MI, 48723  
**(989) 672-1296**  
**FAX NUMBER: (989) 672-1895**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Case# \_\_\_\_\_

Referral source: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Is this person a resident of Tuscola County? Y \_\_\_\_ N \_\_\_\_

Current Charge(s): \_\_\_\_\_

Plea Agreement: \_\_\_\_\_

On Bond: Y \_\_\_\_ N \_\_\_\_ Incarcerated: Y \_\_\_\_ N \_\_\_\_

Plea Hearing Date: \_\_\_\_\_ Sentencing Date: \_\_\_\_\_

Attorney (name, telephone, fax): \_\_\_\_\_

Provided copy of Referral Form, Complaint and Police Report via fax (989) 672-1895  
(Attention: Kaileigh Booms) OR email: [kbooms@tuscolacounty.org](mailto:kbooms@tuscolacounty.org)

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