

REFERRAL FORM
STATE OF MICHIGAN
TUSCOLA COUNTY
ADULT MENTAL HEALTH COURT
HON. JASON E BITZER
440 NORTH STATE STREET, CARO MI, 48723
(989) 672-3811
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: Olivia Chapin) OR email: ochapin@tuscolacounty.org**

