

REFERRAL FORM

STATE OF MICHIGAN

THUMB REGIONAL SOBRIETY COURT

HON. AMY GRACE GIERHART

440 NORTH STATE STREET, CARO MI, 48723

(989) 672-3888

FAX NUMBER: (989) 672-1895

Date: ____ / ____ / ____ Court: _____ Case #: _____

Defendants Name: _____ DOB: ____ / ____ / ____
Last First Middle Name

Defendant's Address: _____

Defendant's Phone Number: _____

Please note that we need a phone number where the defendant can be contacted.

Charge(s): _____

Plea Agreement (If applicable): _____

Sentence Date: ____ / ____ / ____

Defense Atty. (Name, Tel. and Fax #): _____

Prosecutor: _____ Signature: _____

Client Custody Status: _____ Where: _____

Provided copy of Complaint and Police Report via fax (989) 672-1895

(Attention: TRSC Case Manager)

Following Additional Information required for Felony Offenses Only:

Cell Type: Intermediate ____ Straddle ____ Prison ____ PRV: ____ OVS: ____