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, Police Report, and completed Basic Information Packet via fax (989) 672-1895 (Attention: Heather Malloy) OR email: hmalloy@tuscolacounty.org**

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