

# 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 #): \_\_\_\_\_

Client Custody Status: \_\_\_\_\_ HOME or IN CUSTODY 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: \_\_\_\_\_