

UNITED STATES PROBATION OFFICE

SUPPORT COURT REFERRAL

Candidate Name:

Address:

Phone:

Sex:

Age:

PACTS#:

Supervision:

If pretrial, sentencing judge has approved

Support Court participation ___ Yes

Sentencing/Supervising Judge:

Defense Counsel:

Prosecutor:

Supervision Start Date:

Anticipated End Date:

Prior substance-abuse related supervision violations?

History of violence (including arson)?

Any involvement with firearms?

Rape or other sex crime convictions?

Active restraining/protective orders?

Order not to associate with others?

Mental health issues, including suicide/homicidal ideation/attempts?

Client has observed Support Court on at least two occasions?

Client is aware of the weekly court commitment, and has available childcare, transportation, and other structure in place in order to allow him/her to fulfill the weekly commitment? The probation officer has discussed these issues, and has no reason to believe the client cannot commit fully to the Support Court program requirements?

Any issues or areas of concern with this client?

Client's current status:

No HS/GED **HS/GED** **College Degree** **Enrolled in College/Vocational**

Driver's License and Has Vehicle **Dependent Upon Public Transportation** **Dependent Upon Family & Friends**

USPO's reason for referral: