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| **Disclaimer**  **Referrals that are faxed or mailed will not be processed Referrals cannot be processed without offender current contact Information Email:** [**DOCR.ACS@montgomerycountymd.gov**](mailto:DOCR.ACS@montgomerycountymd.gov)  **\* Required Field** | | | | | | | | | | | | | | | | |
| **PROBATIONER INFORMATION** | | | | | | | | | | | | | | | | |
| **\* Last Name** | | **\* First Name** | | | **Middle Name** | | | | **\* Date of Birth** | | | **Age** | | | | **State ID Number** |
| **\* Race (Check One)** | | **Asian**  **Black**  **White**  **Other** | | | | | | | | | | | | | | |
| **\* Sex** | | **Male**  **Female**  **Unknown** | | | | | | | | | | | | | | |
| **\* Address** | | | | | | | **City** | | | | **State** | | | | **Zip Code** | |
| **\* Telephone Numbers** | | **Work Number** | | | | | **Home Number** | | | | | | | **Cell Number** | | |
| **Email Address** | |  | | | | | | | | | | | | | | |
| **AGENT INFORMATION** | | | | | | | | | | | | | | | | |
| **\* Last Name** | | | **\* First Name** | | | **\* Phone Number** | | | | **\* Office Location** | | | | | | |
| **\* Supervisor Last Name** | | | **\* Supervisor First Name** | | | | | | | **\* Supervisor Phone Number** | | | | | | |
| **CASE INFORMATION** | | | | | | | | | | | | | | | | |
| **\* Court (Check One)** | | **District** | | **Circuit** | | | | **Federal** | | | | | **Other Supervision Agency** | | | |
| **\*Judge Name** | |  | | | | | | | | | | | | | | |
| **Probation Information** | | **End Date** | | | | | | **Supervised** | | | | | **Unsupervised** | | | |
| **Community Service Completion Date** | | | | | | | | **Number of Community Service Hours** | | | | | | | | |
|  | **\* Charge** | | | | | | | **\* Case Number** | | | | | | | | |
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| **Additional Information** | | | | | | | | | | | | | | | | |
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**Offender Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **The above Probationer is referred to the Montgomery County Alternative Community Services Program through the Maryland Division of Parole and Probation for the purpose of completing court imposed community service. The Probationer agrees and under stands the following program requirements:**   1. Upon acceptance the Probationer will adhere to all contractual agreements. If the referral is rejected or the Probationer fails to comply with program conditions, the case will be returned to the probation agent. 2. The Program sets forth all requirements for community service participation to include completion dates, placement location and reporting requirements. 3. The Probationer agrees to report to all community services assignments drug and alcohol free. 4. The Probationer agrees to contact the Program at (240) 777-5409 by       to schedule an intake interview.  *( Interviews are schedule Monday through Friday by appointment only )* |

**Note – Agent should print a copy of this form the probationer to sign and retain for their records**

**Manager Team Only**

**Processed By: \_\_\_\_\_\_Notified: \_\_\_\_\_ Date: \_\_\_\_\_\_ Reviewed: \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_**