



ELKHART COUNTY COMMUNITY CORRECTIONS

201 N. COTTAGE AVE., GOSHEN, IN 46528

(574) 534-2210

(574) 533-1251 (FAX)

PROGRAM ELIGIBILITY REFERRAL FORM

All of the following information is needed to complete an assessment

Referral Source: _____ Date of Referral: _____

Address: _____

Phone: _____ Fax: _____

Defendant's Name: _____

Cause Number: _____

Defendant's present address or location: _____

Defendant's Date of Birth: _____

Offense: _____ Class of Offense: _____

Petition to Revoke Probation: yes no

SENTENCING DATE: _____

***** A copy of the following information must be emailed, faxed or mailed prior to interview:**

1. Plea Agreement
2. Pre-Sentence Investigation report
3. Probable Cause/Charging Information (Original/Current)
4. Affidavit or Official Version (police report)
5. Petition to Revoke Probation

Has the defendant previously been in an Elkhart County Community Corrections program?

If yes, when? _____ Which program? _____

Comments: _____

Please contact Stacey Deter at stdeter@elkhartcounty.com for any questions.

*****WE WILL EXPECT THE DEFENDANT, IF NOT INCARCERATED, TO CONTACT OUR DEPARTMENT TO SCHEDULE AN ASSESSMENT*****