

El Paso County Community Corrections Diversion Referral

DELIVERY 2880 International Circle Colorado Springs, CO 80910
 TELE: (719) 520-7695 FAX: (719) 520-7972
 EMAIL: LexiJeffries2@elpasoco.com

Date	
------	--

Referral Contact:	Name:			
	<input type="checkbox"/> Probation <input type="checkbox"/> Public Defender <input type="checkbox"/> Attorney <input type="checkbox"/> Other			
Phone #		Email:		

Referral Type (Check applicable)	<input type="checkbox"/> Direct Sentence		<input type="checkbox"/> Revocation		<input type="checkbox"/> Other:
	<input type="checkbox"/> Condition of Probation		<input type="checkbox"/> 35B Reconsideration		

Defendant:																	
Last known address:								Phone number:									
SSN#								SID#									
DOB:				Sex:				Race:				In Custody:		<input type="checkbox"/> CJC		<input type="checkbox"/> Other	

Sentencing Date:	
------------------	--

DNA Collection Needed?	<input type="checkbox"/> Yes- Arrest date is prior to 9/30/10	<input type="checkbox"/> No – Arrest is after 9/30/10
------------------------	---	---

Defense Counsel Name & Contact Phone:	
---------------------------------------	--

Current Case #	Felony Class	Convicted Charge	Judicial District	Judge

Are there any pending cases? Yes No Case(s): _____

Is the offender able to work? Yes No

Is the defendant amendable to community corrections? Yes No

*RDDT Screen Yes No

Additional Information:

*Residential Dual Diagnosis Treatment (RDDT) is for co-occurring mental health and substance abuse treatment