

Judicial Request for Community Sanctions

Date:	Offender Name:		
County:	Court:	Judge:	
Offender's Case Number(s):	Offenses:		
Offender Address:			

Court Contact Person: _____

Court Contact Person Email/Phone #: _____

ORAS Risk Score (if available): _____

Yes No Criminal History/PSI, etc. attached

Resources Being Sought by the Court Include:

- | | |
|--|--|
| <input type="checkbox"/> HWH | <input type="checkbox"/> Out-patient Treatment |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> CBCF |
| <input type="checkbox"/> Electronic Monitoring | <input type="checkbox"/> Thinking for a Change |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> In-patient Treatment |

To be completed by ODRC Staff

Referral Received by ODRC Date: _____

Response Due Date (10 Business Days from Referral): _____

Yes No Referred to BCS on date: _____

Identified Resources Available:

- | | |
|---|---|
| <input type="checkbox"/> HWH: _____ | <input type="checkbox"/> Out-patient Treatment: _____ |
| <input type="checkbox"/> Substance Abuse Treatment: _____ | <input type="checkbox"/> CBCF: _____ |
| <input type="checkbox"/> Electronic Monitoring: _____ | <input type="checkbox"/> Thinking for a Change: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> In-patient Treatment: _____ |

No Resources Available

Submitted by:	Date:
Staffed with Regional Administrator Date:	