

HAMILTON COUNTY COMMUNITY CORRECTIONS  
REFERRAL FORM

18104 Cumberland Road, Noblesville, IN 46060

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***All the following true and accurate information is needed to conduct an assessment for Residential Work Release and/or Electronic Monitoring Home Detention placement. We respectfully request referrals be submitted a minimum of fifteen (15) business days prior to the next scheduled court proceeding.***

Defendant's Name: \_\_\_\_\_

Cause Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(Cell): \_\_\_\_\_

\_\_\_\_\_

Phone (Home): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Is the Defendant currently incarcerated? No \_\_\_ Yes \_\_\_ If yes, where? \_\_\_\_\_

***IF NOT INCARCERATED, THE DEFENDANT IS EXPECTED TO CONTACT OUR AGENCY TO SCHEDULE AN INTERVIEW.***

Offense(s): \_\_\_\_\_ Level/Class of Offense(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***If referral is due to a violation of probation, please provide the following information:***

Original Offense: \_\_\_\_\_ Level/Class of Offense: \_\_\_\_\_

Sentencing Date/Next Court Date: \_\_\_\_\_

***Plea Agreement (if applicable), should be submitted to HCCC prior to the interview.*** If a Plea Agreement is not attached, the assessment will address the most appropriate level(s) of supervision for placement.

Comments:

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_