

PNCC Referral Form

This referral form is to be used for all PNCC clients. Please print legibly and send via e-mail to: pnccda@sjcda.org

Referral Information

Referral Agency: _____	Referral Date: _____
Referred by: _____	Phone #: _____
Email: _____	

Applicant Information

Last Name: _____	First Name: _____	M.I.: _____
D.O.B.: _____	Court #: _____	Gender: _____
Race/Ethnicity: _____	Primary Language Spoken at Home: _____	

Applicant Home Address

Address: _____	City: _____	Zip: _____
Home #: _____	Cell #: _____	Email: _____

Activities

School or Vocational <input type="checkbox"/> Yes <input type="checkbox"/> No School: _____ <input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____ <input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time
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Emergency Contact Information*

Last Name: _____	First Name: _____	M.I.: _____
Relationship to Participant: _____		
Phone Number: _____		
Other Contact (Email or other phone numbers) _____		

*Note: Referrals for Juveniles must include contact information for a parent or guardian.

Offense Information

Arresting Agency: _____

Charge: _____

Severity: Misdemeanor Felony

Charge Category (Mark one):

Assaultive Crimes <input type="checkbox"/>	Driving Conduct <input type="checkbox"/>	Vehicle Theft <input type="checkbox"/>
Domestic Violence <input type="checkbox"/>	Robbery <input type="checkbox"/>	Weapons <input type="checkbox"/>
Drug Offenses <input type="checkbox"/>	Theft or Burglary <input type="checkbox"/>	Other <input type="checkbox"/>

If other please specify: _____

Are Charged Offenses:

Gang Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Drug Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
*DV Related	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other Violent Crime	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Did the Charged Offense Involve:

Use of a Gun	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Use of Other Weapon	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Physical Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>
A Victim or Witness under age 18	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Is the Individual, currently on:

Probation	No <input type="checkbox"/>	Yes <input type="checkbox"/>
In Custody	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Has the individual ever been on:

Probation, DEJ, Parole, PRCS, etc.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Note: current parolees are not eligible

COMMENTS: *(Please note the reason you believe this person appears to be a good candidate for PNCC)
(If charges are DV related, note if client is recommended for Restorative Justice)

FOR USE BY PARALEGAL ONLY:

Paralegal:	Date Received:	Referral Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Routing:		<i>If No, re-route back to Public Defender to complete referral packet.</i>
Unit:	DDA/PD:	V/W Advocate: