|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please attach the following information with the completed referral form: **(Items in bold MUST be attached, *\*must be included with CESE referral, \*\*\* must be included with ACCV referral*)**  **Police Report in current matters** **PSI/Criminal history**  **Current Mental Health Reports or Evaluation\***  Summons/Complaint  **Release of Information for VA\*\*\*** SSI/ASUS  **Release of Information for Community Reach Center\*** Substance abuse/Alcohol evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCV Referral**  **CESE Referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Send complete ACCV referrals to*** [***justin.couch@judicial.state.co.us***](mailto:justin.couch@judicial.state.co.us) ***and CESE referrals to*** [***adrienne.anfield@judicial.state.co.us***](mailto:adrienne.anfield@judicial.state.co.us)***; copy*** [***jennifer.little@judicial.state.co.us***](mailto:jennifer.little@judicial.state.co.us) ***on both.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | DOB: | | | | |  | | | | | | | | M F | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | |  | | | | |
| Soc. Sec. #: | | | | |  | | | | | | | | Location:  Jail  Bail  Other: | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **ACCV only**: Branch(es) of service: | | | | | | | | | | | | | | |  | | | | | | | | | | | Dates of service: | | | | | | | | | | | YYYY-YYYY | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referring Party: | | | | | | |  | | | | | | | | | | | Referring Party Phone: | | | | | | | | | | | | | | | |  | | | | | |
| Agency: | | |  | | | | | | | | | | | | | Probation Officer: | | | | | | | |  | | | | | | | | | | | | | | | |
| Case number(s): | | | | | | | |  | | | | | | | | | | | | Div/Judge: | | | | | | |  | | | | | | | | | | | | |
| Charges/Convictions: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sent. date: | | | |  | | | | | | | | Court ordered screens: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Case Status: | | | | | | Presentence  Sentenced to probation  Revocation  ICE hold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate reason for referral: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the client’s current motivation for change and participation in ACCV/CESE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance abuse/dependent diagnosis?  yes  no | | | | | | | | | | | | | | | | | | | | | | Drug(s): | | | | | | |  | | | | | | | | | | |
| Mental health diagnosis: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | none  not known | | | | | | |
| LSI: |  | | | | | SSI: | | |  | | | | | ASUS Disrupt: | | | | |  | | | | 6 mos: | | | | | | | |  | | | | | Mood: | | |  |
| Please list the client’s current medications: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the client’s current living arrangements: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the client’s family/support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the client’s primary mode of transportation: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Please indicate the client’s current and previous substance abuse/mental health treatment referrals and outcomes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |