

TASC

of the capital district, inc.

251 River Street, Suite 302
Troy, NY 12180

Phone. 518-465-1455
Fax. 518-465-1842

REFERRAL FORM

NAME: _____ **DATE:** _____
DOB: _____

DETAINED AT _____ **RE-ENTRY FROM:** _____ Correctional Facility
or **BAILED** _____ **PRE-TRIAL PROBATION** _____ **ROR**

(IF NOT INCARCERATED, THE INDIVIDUAL YOU ARE REFERRING SHOULD BE DIRECTED TO CONTACT TASC AT 518-465-1455 TO SCHEDULE AN EVALUATION AT OUR OFFICE)

REFERRED BY: _____

Phone #: _____ Email: _____

NEW ARREST CHARGES: _____

Court: _____ Judge: _____ Next Court Date: _____

Defense Attorney: _____ Phone #: _____

District Attorney: _____ Phone #: _____

VIOLATION OF PAROLE/PROBATION FILED? ☐ YES ☐ NO **IF YES, DATE FILED:** _____

Court: _____ Judge: _____ Next Court/Hearing Date: _____

Defense Attorney: _____ Phone #: _____

District Attorney: _____ Phone #: _____

Parole Revocation Specialist: _____ Phone #: _____

CURRENT CIRCUMSTANCES/ PERITINENT MEDICAL/ MENTAL HEALTH/ SUBSTANCE ABUSE HISTORY:

Fax to 518-465-1842 and more information available at: www.tascofthecapitaldistrict.org

_____ **TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES** _____