El Paso County Community Corrections Diversion Referral DELIVERY 17 North Spruce Street, Colorado Springs, CO 80905 TELE: (719) 520-6795 EMAIL: CC_referrals@elpasoco.com

Updated: 02/2022

Date												
Referral Contact:	Name:											
Contact.	Probation Dublic Defender A						ttorr	orney 🗌 Other				
Phone #				Email:								
Referral Type	☐ Direct Sentence					Revocation Other:				Other:		
(Check applicable)	☐ Condition of Probation					☐ 35B Reconsideration				<u> </u>		
	INECOLI						isiuc	iciation				
	I											
Defendant:												
Last known								Phone				
address:								number:				
SSN#												
33N#								SID#				
DOB:	Sex: Race:						Custody:		CJC Othe	r:		
Defendant Email:												
Sentencing Date:												
Defense Counsel Name & Contact Phone:												
Case # Felony Class		Charge(s)				Judicial District			Judge			
Are there any pending cases - <u>not</u> needing a community corrections screen?												
Is the defendant currently on parole status?												
Is the defendant able to work?												
Is the defendant amenable to community corrections? ☐ Yes ☐ No *RDDT Screen ☐ Yes ☐ No												
Does defendant have a Victim?												
Is the Victim involved in Probation's VNOT program?												

Additional Information:

^{*}Residential Dual Diagnosis Treatment (RDDT) is for co-occurring mental health and substance abuse treatment - MALE ONLY