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TENTH JUDICIAL CIRCUIT OF FLORIDA
(POLK, HIGHLANDS & HARDEE COUNTIES)
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Referral Form

Referral to: Adult Program Juvenile Program Mentorship Program	Phone#: Fax#:
Referral Source:	Phone#: E-Mail: Fax#:

CLIENT INFORMATION

Client Name: _____ D.O.B.: _____ Phone Number: _____	Substance Of Choice: _____
Referral Type: Judge ___ Private Att’y ___ County Probation ___ DOC Probation ___ D.J.J. ___ Teen Court ___ Heartland ___ Other _____	Client funding source: _____

Case Number(s): _____

Offense(s): _____

Reason client is being recommended for an assessment/evaluation:

Additional Comments:

Referral Source Signature & Date _____

Client has previously signed a release of information for _____.