

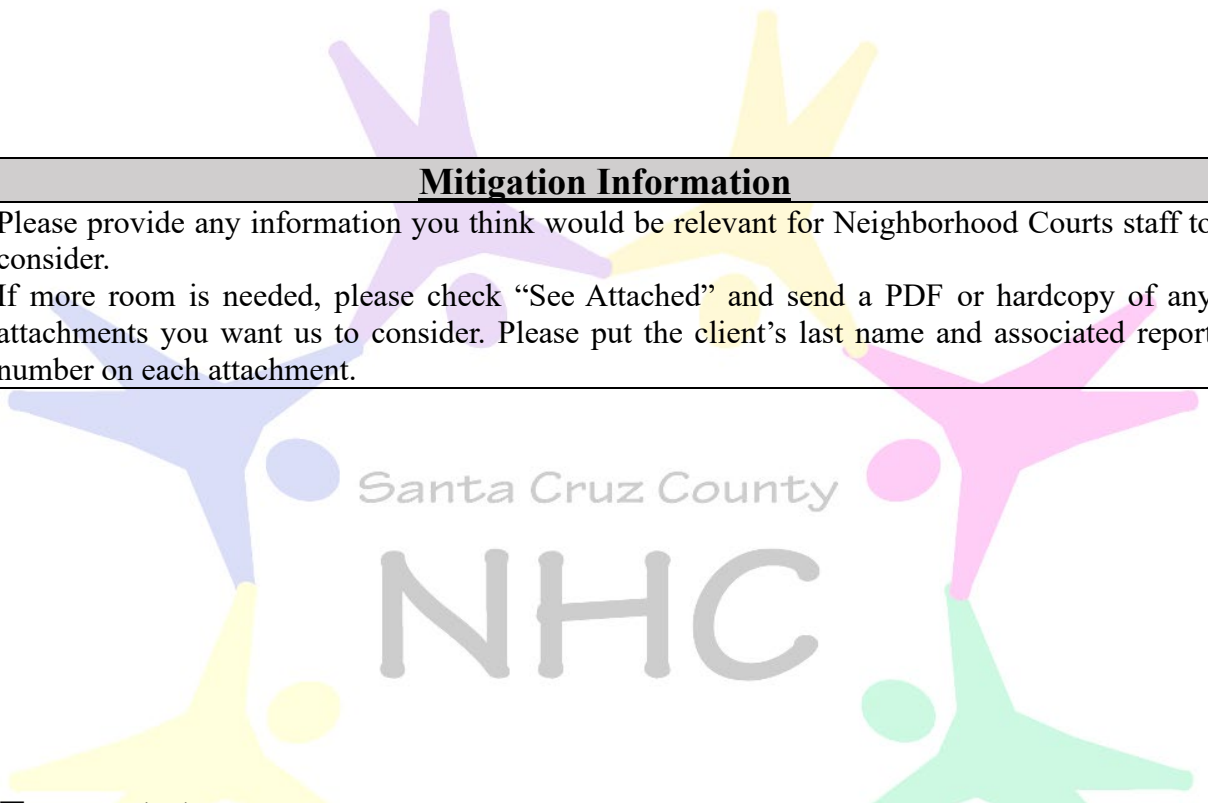
**Neighborhood Courts
Defense Referral Form**

Defense Referral Form

Please provide as much information as possible. If you have any questions, please contact neighborhoodcourts@santacruzcounty.us

<u>Client Information</u>			
<u>Name</u>		<u>Date of Birth</u>	
<u>Phone Number</u>		<u>Second Phone Number (if applicable)</u>	
<u>Mailing Address</u>		<u>Email Address</u>	
<u>Client's Preferred Language:</u>	<input type="checkbox"/> English		
	<input type="checkbox"/> Spanish		
	<input type="checkbox"/> Other (please list language)		
<u>Referral Information</u>			
<u>Date of Referral</u>			
<u>Referred by</u>		<u>Position</u>	
<u>Phone Number</u>		<u>Second Phone Number (if applicable)</u>	
<u>Mailing Address</u>		<u>Email Address</u>	
Has client been informed of Neighborhood Courts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is client willing to take responsibility for the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are the attorney representing this client, do we have your permission to speak with your client about Neighborhood Courts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (I am not an attorney)

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<u>Case Information</u>	
<u>Police Report Number</u>	<u>Docket Number</u> (if applicable):
<u>Charges</u> (list misdemeanor or felony if known)	
<u>Mitigation Information</u>	
Please provide any information you think would be relevant for Neighborhood Courts staff to consider. If more room is needed, please check "See Attached" and send a PDF or hardcopy of any attachments you want us to consider. Please put the client's last name and associated report number on each attachment.	
 <p>Santa Cruz County NHC</p>	
<input type="checkbox"/> See attached	

Once completed, please send to the District Attorney's Office. You may send either a hard copy or electronic copy. If electronic, please submit as a PDF form.

Hardcopies

Neighborhood Courts
c/o District Attorney's Office
701 Ocean Street Room 200
Santa Cruz, CA 95060

Electronic Copies:

Please e mail:
neighborhoodcourts@santacruzcounty.us

<u>DAO Staff to complete</u>	
<u>Date Received:</u>	<u>Received by</u>
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted