



# COMMUNITY CORRECTIONS

43565 Elizabeth Road, Mount Clemens, MI 48043

Phone: 586-307-9443

Fax: 586-469-6436

**\*\*PLEASE EMAIL REFERRALS TO: [CommunityCorrections@macombgov.org](mailto:CommunityCorrections@macombgov.org)**

Defendant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MDOC: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Case #: \_\_\_\_\_ Charge: \_\_\_\_\_

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Condition of Sentencing      Condition of BOND--Next Court Date: \_\_\_\_\_

<input type="checkbox"/> In-Jail Substance Abuse Assessment	<input type="checkbox"/> Pretrial Bond Recommendations
<input type="checkbox"/> Community Substance Abuse Assessment *Felony only	<b>Pretrial Supervision:</b>
<input type="checkbox"/> Residential Treatment (based on eligibility)	
<input type="checkbox"/> Felony IUP (Intensive Urinalysis Program)	<input type="checkbox"/> Telephone Reporting (once weekly)
<input type="checkbox"/> Dual Diagnosis/Mental Health Programming	<input type="checkbox"/> Random urinalysis #      x weekly
<input type="checkbox"/> Hope Program (Trafficking Survivor Programming)	Random PBTs #      x weekly
<input type="checkbox"/> Alcohol Screening (Court Ordered/Pre-Sentence)	<input type="checkbox"/> GPS Tether <input type="checkbox"/> Remote Breathalyzer <input type="checkbox"/> SCRAM
<input type="checkbox"/> CRP (Jail-Based Cognitive Restructuring Program)	<input type="checkbox"/> MARCH Community Service #      Days
<input type="checkbox"/> COG/Beyond Trauma for Women (Community Cognitive Restructuring Prog.)	<input type="checkbox"/> Perform #      Community Service Hours
<input type="checkbox"/> CAP Program (Probation Noncompliance)	<input type="checkbox"/> Peer Recovery Services (jail-based)
	<input type="checkbox"/> OTHER:

IF PROBATION, reason for referral:  Original Order     Positive Drug Screen/PBT  
 Other Violation: \_\_\_\_\_

Please attach:

- DISTRICT COURT:** Court Dispo or Probation Order
- CIRCUIT COURT PROBATION:** BIR, Order of Probation, COMPAS, and PSI for offenses that require review.

**Comments:**

**PLEASE ALLOW A MINIMUM OF TEN (10) BUSINESS DAYS FOR A REPORT.**

Referred by: \_\_\_\_\_ Date \_\_\_\_\_ Phone #(s) \_\_\_\_\_

\_\_\_\_\_  
Email Address to Send Reports/Notifications      Add'l Email Address to Send Reports/Notifications

The Defendant **MUST** contact Community Corrections for an appointment by \_\_\_\_\_ at **(586) 307-9443**.

*\*Please allow 3 business days for case assignment--defendant can then contact us for an appointment.*