## ADULT PROBATION COURT REFERRAL SLIP

## IMMEDIATELY AFTER THIS COURT APPEARANCE, YOU ARE REQUIRED TO TAKE THIS SLIP TO:

ADULT PROBATION SERVICES 215 WEST WATER STREET WAUKEGAN, IL 60085

Name:	Case Number:
Address:	Phone:
City:	Email:
State: Zip code:	☐ Approve text messaging correspondence
DOB: Charge:	
In custody: ☐ Yes ☐ No	
Interpreter Required: ☐ No ☐ Yes - Language	spoken:
<b>DEFENDANT IS SENTENCED TO:</b>	
☐ Court Supervision	☐ Lake County Jail
☐ Conditional Discharge	☐ Periodic Imprisonment
☐ Supervised Supervision	☐ Public Service
☐ Felony/Misdemeanor Probation	☐ Community Service
☐ Intensive Probation	☐ Victim Impact Panel
☐ Restitution	Youthful Intoxicated Drivers Visitation Program
$\square$ Other	<u> </u>
DEFENDANT IS REFERRED BY COURT FOR TH	E FOLLOWING:
☐ Compliance (Court Supervision/Conditional Di	
☐ <b>Probation</b> 847-377-4504	Scharge, 647 377 3007
□ PSI Report	☐ Record Check
☐ Updated PSI Report	☐ Status Report
☐ Pre-Plea PSI Report	☐ IPS Evaluation
☐ Fitness Evaluation (847-377-3886)	☐ TASC Evaluation
	☐ Treatment and Recommendations ☐ Psychological Testing
$\square$ Substance Abuse $\square$ Evaluation $\square$ Treatment	and Recommendations
$\square$ DUI $\square$ Evaluation $\square$ Treatment and Recomm	endations
$\square$ Sex Offender $\square$ Evaluation $\square$ Treatment and	Recommendations
☐ Domestic Violence ☐ Evaluation ☐ Treatmen	t and Recommendations
☐ Anger Management ☐ Evaluation ☐ Treatme	ent and Recommendations
☐ Rehabilitative Assessment and Services	
U Other	
☐ Name of Agency	
Next Court Date:	Time:
Courtroom	Judge: