

CHARLOTTE COUNTY PRETRIAL SERVICES
350 EAST MARION AVENUE,
PUNTA GORDA, FL 33950
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REFERRALS ARE TO BE SUBMITTED TO **PAUL MARTINEAU**. PLEASE SPECIFY IF REFERRAL IS FOR DRUG COURT OR MENTAL HEALTH COURT.

DATE: _____

DEFENDANT'S NAME: _____

DOB: _____

CRIMINAL CASE NUMBER(S): _____

REFERRAL SOURCE (PERSON/AGENCY & PHONE NUMBER) _____

IN CUSTODY? (CIRCLE) YES NO DATE OF FIRST APPEARANCE: _____

DEFENDANT'S CONTACT INFORMATION IF NOT IN CUSTODY (ADDRESS AND PHONE NUMBER):

IS DEFENDANT BEING REFERRED TO: (SPECIFY) DRUG COURT MENTAL HEALTH COURT

DEFENSE COUNSEL'S CONTACT INFORMATION (IF PUBLIC DEFENDER, PLEASE SPECIFY):

ADDITIONAL INFORMATION: _____

