

OUTAGAMIE COUNTY COMPAS REFERRAL**REFERRING PERSON/AGENCY:**

Contact Name:

Agency:

Street Address:

Phone Number: () - e-mail address:

Date: / /

If this is a Joint Referral, list all persons that should receive the COMPAS results below. The results will be sent directly to them, as well as to you, the referrer.

AGENCY	NAME	STREET ADDRESS	E-MAIL ADDRESS
<input type="checkbox"/>	D.A.		
<input type="checkbox"/>	Public Def.		
<input type="checkbox"/>	Private Att.		
<input type="checkbox"/>			

CASE INFORMATION:

Pending Case #:

County this case is out of:

List all prior Out Of State Offenses:

CLIENT INFORMATION:

First Name: Middle: Last: DOB: / /

Current Address: Last 4 of SSN:

Phone #: () - Race:

REASON FOR ASSESSMENT: Referral to Treatment Court Joint Referral**TYPE OF EVALUATION:** Core COMPAS

Send the completed referral to:

Bernie Vetrone – 227 S. Walnut Street, Appleton WI 54911 bernie.vetrone@outagamie.org

Completed Compas will be returned to referring agency for dissemination within 2 weeks unless noted otherwise .