

**NINTH JUDICIAL CIRCUIT COURT OF FLORIDA
OSCEOLA COUNTY PROBLEM SOLVING COURTS REFERRAL FORM**
Michelle Jones (407) 742-2431 ctdcmj1@ocnjcc.org

Referral Date		Notes:
Referred By		
Agency		
Telephone		
Defense Attorney		
State Attorney		

Program:	Mental Health	Veterans	Adult Drug
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Track	Diversion	Post Plea	VOP
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Client Name		Race	
Address		Sex	
Telephone		DOB	
Email		SSN#	

CASE INFORMATION		
Case Number	Date of Arrest	Charge

State Attorney:	Approved	Incomplete	Score	Denial
Date:				
Initials:				

Copies to: Clerk of Court SAO Office PD Office Case Manager DC Program Office