NINTH JUDICIAL CIRCUIT COURT OF FLORIDA OSCEOLA COUNTY PROBLEM SOLVING COURTS REFERRAL FORM

ADULT: Michelle Jones (407) 742-2431 ctdcmj1@ocnjcc.org
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Referral Date					Include Tx, Diagnosis, or Court Dates Below					
Referred By					,					
Agency										
Telephone										
Program:	Mental Health			Vetera	ans	Adult Drug		Juvenile Drug		
Track	MM Diversion MM			Post Plea/Probation		CF Diversion	Diversion CF Post		st Plea/Probation	
Client Name								Race		
Address								Sex		
Telephone								DOB		
SSN#										
CACE DIEGON	# A TOTAL									
CASE INFORM	MATION			~						
Case Number		Date of	Arrest	Char	ge					
State Attorney: Date: Initials:			App	roved		Incomplete		Denial		
Copies to: Clerk	c of Court	SA	O Office]	PD Office	Case Manager		DC Prog	gram Office	