



**Alternative Community Service Program
Attorney Referral Form**

CLIENT'S NAME: _____ PHONE: (____) _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME OF REFERRING COURT: Fairfax GDC Fairfax Circuit
 Fairfax City Other

HOURS RECOMMENDED: _____ NEXT COURT DATE: _____

OFFENSE: _____

IS THIS A FIRST OFFENSE: _____ IF NO, PRIOR RECORD: _____

ANY TYPE OF COMMUNITY SERVICE JOB AT WHICH THIS CLIENT SHOULD **NOT** BE
PLACED: _____

DOES THIS CLIENT HAVE ANY HISTORY OF SUBSTANCE ABUSE AND/OR
VIOLENCE? EXPLAIN: _____

**I have no objections to the release of this information to Volunteer Fairfax for use as
necessary in finding community service opportunities for me. I understand that I should
contact Volunteer Fairfax within two weeks from this date to set up an interview. I am also
aware that I will have to pay a \$85.00 fee for Volunteer Fairfax's services.**

DATE: _____ CLIENT'S SIGNATURE: _____

ATTORNEY'S NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____