



**Alternative Community Service Program  
Probation Officer Referral Form**

CLIENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

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

HOURS TO BE SERVED: \_\_\_\_\_ JUDGE: \_\_\_\_\_

DOCKET #: \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

IS THIS A FIRST OFFENSE:      Yes      No

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 \$70.00 fee for Volunteer Fairfax's services.**

DATE: \_\_\_\_\_ CLIENT'S SIGNATURE: \_\_\_\_\_

PROBATION OFFICER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_