

# HASP REFERRAL SHEET

349 G Street Crescent City, CA (707) 464-7849

PLEASE COMPLETE THE FOLLOWING INFORMATION:

DATE:

CASE NUMBER:

CHECK ONE:

VIOLATION DATE:

- WET-RECKLESS CONVICTION PROGRAM (6 WEEKS)
- 1ST OFFENDER DRINKING DRIVER PROGRAM (3 MONTHS)
- 1ST OFFENDER DUI WITH 1.5 OR HIGHER (9 MONTHS)
- 2ND/MULTIPLE DRINKING DRIVER PROGRAM (18 MONTHS)
- ANGER MGMT & ALTERNATIVES TO VIOLENCE (VARIES)
- P.C. 1000 DIVERSION PROGRAM (6 WEEKS)
- DISORDERLY CONDUCT PROGRAM (6 WEEKS)

PRINT NAME:

REFERRAL DATE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

BIRTHDATE:

DRIVER'S LICENSE NO:

STATE: