



ESPERANZA REFERRAL FORM

Referring Party: _____ Relationship to Case: _____ Phone: _____

Client's Name: _____ DOB: _____ Gender: _____

Home Address: _____ Borough: _____ Zip Code: _____

Home/Cell Phone(s): _____

Parent(s)/Guardian(s) Name(s): _____

Name(s) of Client's School(s)/Program(s): _____

COURT/CASE RELATED INFORMATION

NYSID #: _____ Docket/Indictment Number(s): _____

Charge(s): _____

Judge: _____ Borough: _____ Part: _____

Defense Attorney Name/Phone: _____

ADA Name/Phone: _____

Next Court Date/On for: _____

If VOP: PO's Name/Phone: _____

Reasons for Violation: _____

Original Sentencing Judge/Sentence Imposed: _____

REASONS FOR REFERRAL/ADDITIONAL INFORMATION

Please attach or fax complaint/indictment, rap sheet and assessments/documents you would like us to review.

Faxes can be sent to Shanlander Drake at 212-505-1824.