

CHARLOTTE COUNTY PRETRIAL SERVICES  
350 EAST MARION AVENUE,  
PUNTA GORDA, FL 33950  
PHONE 941-637-2297  
FAX 941-505-4865

REFERRALS ARE TO BE SUBMITTED TO DEBORAH ONDERDONK. PLEASE SPECIFY IF REFERRAL IS FOR DRUG COURT OR MENTAL HEALTH COURT.

DATE: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

CRIMINAL CASE NUMBER(S): \_\_\_\_\_

REFERRAL SOURCE (PERSON/AGENCY & PHONE NUMBER): \_\_ PTS \_\_\_\_\_

IN CUSTODY? (CIRCLE) YES NO      DATE OF FIRST APPEARANCE: \_\_\_\_\_

DEFENDANT'S CONTACT INFORMATION IF NOT IN CUSTODY (ADDRESS AND PHONE NUMBER):

\_\_\_\_\_  
\_\_\_\_\_

IS DEFENDANT BEING REFERRED TO: (SPECIFY)     DRUG COURT     MENTAL HEALTH COURT

DEFENSE COUNSEL'S CONTACT INFORMATION (IF PUBLIC DEFENDER, PLEASE SPECIFY):

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_