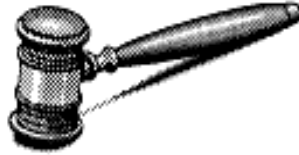


COMMUNITY HOMELESS COURT  
CONTRA COSTA COUNTY



Fax this completed form to (925) 313-6761  
Homeless Court Coordinator  
Contra Costa County Superior Court

REFERRAL DATE: \_\_\_\_\_.

**APPLICANT INFORMATION:**

Name: First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_.

Cal. Drivers License #: \_\_\_\_\_.

Please list all unresolved traffic citations and infractions that you think you have in  
Contra Costa County: \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

**Recommending caseworker information:**

Caseworker name: \_\_\_\_\_.

Organization: \_\_\_\_\_.

Address: \_\_\_\_\_.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_.

Email: \_\_\_\_\_.

*(Confirmation receipt of referral and court date assigned will be sent to this email address)*

**Caseworkers: Please attach a brief letter of support for this person that illustrates any rehabilitative, counseling, treatment services that they may have participated. Also, include any volunteer service this person has performed over the last six (6) months. Please be very specific and note the nature of services or treatment and the number of hours spent on each activity.**

*For Office Use Only*

Date received: \_\_\_\_\_ Court Date Assigned: \_\_\_\_\_ Asked to reappear: Y/N Date: \_\_\_\_\_