

**INTERMEDIATE SANCTION PROGRAM REFERRAL (ISR) FOR RISK
REDUCING PROGRAMING**

Date of Referral: _____ Anticipated Sentencing/Resolution: _____

____ Risk Reducing Program Referral

Referral Source(s): ____ Court ____ Defense ____ Prosecution ____ DOC

Defendant: _____ DOB: _____

Home Address: _____

Phone Number: _____ Alternate Contact Number: _____

Docket(s)/Charge(s):

Docket: _____ Charge: _____

Docket: _____ Charge: _____

Docket: _____ Charge: _____

Docket: _____ Charge: _____

Docket: _____ Charge: _____

Prosecuting Attorney: _____

Defense Attorney: _____

Report will be submitted to the court by ____/____/____

**Referral must be accompanied by:

Affidavit(s) of Instant Offense; Current Conviction Record; Court DDR/Summary Page; Plea Agreement

Referral for Intermediate Sanction Distribution: Court, Defense Attorney, States Attorney and
Corrections