

Pierce County CJC-T.R.O.C. Program and Services Screening Referral

Email Referrals to Radyna Cochran @ rmcochran@doc1.wa.gov

Offender Name (Last, First)

DOC #

Classification (RMI)

Basis for Referral: (Please check all that apply). This section allows us to know the reason the offender was sent to T-R.O.C.)

- Stipulated Agreement: # of days
- Supervision Requirement: # of days
- Hearing Sanction: # of days
- Intake Process

Yes No
 / Currently in Jail

Proposed Release Date: _____

T-R.O.C. Location

1015 Center Street
 Tacoma 98409
 (253) 671-4000 Fax: 253-597-4390

**Targeted Risk Factors: (check all that apply)
 This section will let T-R.O.C. staff know the offender's short comings or needs in advance.**

- Education (H.O.P.E.: GED, College)
- Child Support Issues
- Financial Literacy
- Family / Marriage
- Housing (Resources)
- Drugs / Alcohol
- Behavioral Change (GIR/SAAM)
- MRT
- Medical/Dental (Homeless)
- Services for the Homeless
- Domestic Violence Victim (Female/Male)
- Food Stamps (Food \$ense)

Specific Class/Program

Recommendation: _____

***T-R.O.C. Orientation
 Report On***

/ / Wednesday @ 8:00AM

Offender: Printed Name

CCO Printed Name:

Unit #

Offender Signature

Date

CCO Signature

I acknowledge that I am being referred to the Pierce County T-R.O.C. program, for screening of required and/or needed services.

Criminal History/Information: List current supervised offense(s) and any past history of predatory violence or sex offenses, and include any other "need to know" information.

>>> T-R.O.C. Referrals MUST be filled out and submitted via e-mail. <<<