

KSOMS
Referral Form

Referring Agency & County

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> District Court | <input type="checkbox"/> Court Services | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Bond Supervision | <input type="checkbox"/> Municipal Court | Other: _____ |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Coffey | <input type="checkbox"/> Franklin <input type="checkbox"/> Osage |

Contact: Hon. Thomas H. Sachse, Franklin County District Court Phone #: 785-242-6000

Offender's Name: _____ Date of Birth: _____

Case #: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Charge(s) or Conviction(s): _____

- | | | |
|--|-----------------|------------|
| <input type="checkbox"/> GPS – Active Tracking | \$14.00 per day | _____ Days |
| <input type="checkbox"/> GPS – Passive Tracking | \$10.00 per day | _____ Days |
| <input type="checkbox"/> In-Home Detention | \$9.00 per day | _____ Days |
| <input type="checkbox"/> SCRAM Alcohol Monitoring | \$11.00 per day | _____ Days |
| <input type="checkbox"/> Combined Tracking & Alcohol Monitoring
(check services to be combined above) | \$15.00 per day | _____ Days |

Monitoring MUST begin on / or before this date: _____

Special Conditions / Comments

1. Offender's Employer address: _____

2. _____

3. _____

YOU MUST GO IMMEDIATELY TO:

401 South Main Street, Suite 12
Ottawa, KS 66067 – 785-242-6850

Offender's Signature Date Judge / Supervising Officer Date

Copies issued to:

_____ Franklin County Attorney _____ Defendant's Attorney _____ KSOMS Rep.