



**SEPTA Referral Form**  
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**Nelsonville, Ohio 45764**  
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Date of Notification: \_\_\_\_\_

By: \_\_\_\_\_

Defendant: \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Judge: \_\_\_\_\_

Case Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Charge: \_\_\_\_\_

Felony level: \_\_\_\_\_

Charge: \_\_\_\_\_ Felony level: \_\_\_\_\_

Charge: \_\_\_\_\_ Felony level: \_\_\_\_\_

PV: \_\_\_\_\_

Sentencing date: \_\_\_\_\_