



1st Step Participant Referral Form

Date	Defendant's Name		
Date of Birth:			DOC #: (if applicable)
Person Making Referral:	Applicable Case Numbers:		
<input type="checkbox"/> Defense Attorney <input type="checkbox"/> Public Defender <input type="checkbox"/> Other:			
Defendant's Location:	Has an ORAS been done or ordered?		
<input type="checkbox"/> David L Moss A visit will be made to your client for an ORAS Evaluation <input type="checkbox"/> Out on Bond Include a contact number for your client or yourself to schedule an ORAS <i>Contact Number:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prosecutor Name:	Defense Attorney Name:		
_____	_____		
Email:	Email:		
_____	_____		
Phone:	Phone:		
_____	_____		
Docket:	Other Information:		

Judge:			

Please return via email to 1ststepofficeassistant@gmail.com and 1stseptulsa@gmail.com

