

Yellowstone County Arraignment Court – Referral Form

Name: _____	Case Number(s): _____
Phone #: _____	_____
Address: _____	Judge(s): _____
_____	_____
DOB: _____	Condition of: _____
Start Date: _____	End Date: _____
Charge(s): _____	_____

Referral To:

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Alternatives
2120 3 rd Ave North
(406) 256-3501 | <input type="checkbox"/> Clean Start
2722 3 rd Ave N
Suite 245
(406) 697-5104 | <input type="checkbox"/> Community Solutions
207 N Broadway
Suite 110
(406) 896-4912 | <input type="checkbox"/> Friedel
3302 2 nd Ave N
(406) 694-2000 | <input type="checkbox"/> YCDF*
3165 King Ave E
(406) 256-2762

*No GPS/Drugs/UAs |
|--|--|--|---|---|

Referral For:

Electronic Monitoring

☐ GPS

Alcohol/Drug Monitoring

☐ SCRAM ☐ Remote Breath/Soberlink ☐ Drug Patch ☐ UAs ☐ Other: _____

Supervision Services

☐ Pretrial check-ins / ☐ Pretrial Supervision _____ times per month / week.
(frequency)

Appointment of State Public Defender

I hereby appoint the Office of the State Public Defender to Represent: _____.

Date: _____

Judge: _____

Notice to Defendant

Return your completed Indigent Questionnaire to the regional office of the State Public Defender. The Regional office address is as follows:

**State Public Defender
Regional Deputy Public Defender, Region 9
207 North Broadway, Suite 201
Billings, MT 59101
Phone Number: 406-896-4935**