

Shelby County Community Correc
10 W Polk Street
Shelbyville, IN 46176
Phone: 317-392-6492
Fax: 317-392-3722

Pre-Approval Information Form

Mission Statement: The mission of Shelby County Community Corrections is to manage and supervise effective community-based, cost-efficient, alternative sentencing options by assessing each participant and connecting them to the appropriate services and programs.

Date of Referral: _____ Referred by: _____
Phone: _____
Email: _____
Attorney/Public Defender: _____

Client Information:

Client Name: _____
SS#: _____ DOB: _____
Address/Telephone: _____

Currently Employed: _____ Yes _____ NO _____
Employer Name: _____
Cause Number: _____
Charge(s): _____
Next Court Date: _____ Time: _____
Currently on Probation: _____ Yes _____ No _____ Cause Number(s): _____
Other Pending Charges: _____ Yes _____ No _____ Cause Number(s): _____
Custody Status: _____

The following information should be forwarded along with this form to SCCC:

_____ Sentencing Order or Plea Agreement
_____ Affidavit for Probable Cause/Police Report
_____ Info Regarding other pending charges
_____ Pre-Sentence Investigation (if available)
_____ Employment Verification

Additional Information:

Has the individual been in Substance Abuse and/or Mental Health Treatment? _____ Yes _____ No
If yes, please explain: _____

Office Use Only

Old Fees: _____
Past Violations: _____
Positive Drug Screens: _____