



Client Name: _____

Date of Referral: _____

REFERRAL INFORMATION: (Who referred you?)

- Public Defender's Office
- State Attorney's Office
- Detox Center
- Other: _____

Referral Name: (i.e. PO, Case Worker) _____

Referral Phone: _____

Referral Fax: _____

Referral Email: _____

Select your location in the table listed below.

Leon County Adult Services
(Accepts Jefferson County)
 1000 W. Tharpe St, Suite 14
 Tallahassee, FL 32303
 Office: (850) 487-0432
 FAX: (850) 414-6876

Leon County Youth Services
 536 Appleyard Dr.
 Tallahassee, Florida 32304
 Office: (850) 575-4025
 FAX: (850) 575-0047

Wakulla County Human Services Center (Adult & Youth)
 85 High Dr.
 Crawfordville, Florida 32326
 Office: (850) 926-2452
 FAX: (850) 926-8355

Gadsden County Human Services Center (Adult & Youth)
(Accepts Liberty County)
 305 W. Crawford St., Suite 1
 Quincy, Florida 32351
 Office: (850) 627-3599
 FAX: (850) 875-2938

Taylor County Human Services Center (Adult & Youth)
(Accepts Madison County)
 1012 South Jefferson Street
 Perry, Florida 32348
 Office: (850) 223-1003
 FAX: (850) 223-0223

Franklin County Human Services Center (Adult & Youth)
 192 14th St.
 Apalachicola, FL 32320
 Office: (850) 653-1617
 FAX: (850) 617-6282

LEGAL REPRESENTATION:

Designated Legal Representative: _____

Address: _____

Phone Number: _____ Email Address: _____

COLLATERAL INFORMATION: (Referring Agency Only)

Please attached relevant information to this referral from and indicate below:

- Legal Charges
- Court Order
- Case Plan
- Psychiatric/Medical Information
- Other: _____

ADDITIONAL REFERRAL COMMENTS: (Referring Agency Only)
