

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA

STAR Program
Initial Referral Form

Date:

To: Julie W. Rosa
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From:

Email:

Phone:

Fax:

Subject: **STAR Program Referral**

I hereby refer the following individual for consideration of acceptance into the STAR Program:

Name:

Phone:

Case Number:

Referring Individual:

Phone:

Judge

Attorney

Probation Officer

STAR Team Member

BASIS FOR REFERRAL: