

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA

HOPE Program
Initial Referral Form

Date:

To: Taylor R. Westphalen
U.S. Probation Officer
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Office: (919) 861-8698
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From:

Email:

Phone:

Fax:

Subject: **HOPE Program Referral**

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

Name:

Phone:

Case Number:

Referring Individual:

Phone:

Judge ☐ Attorney ☐ Probation Officer ☐ HOPE Team Member ☐

BASIS FOR REFERRAL: