

**Instructions:**Please complete all information and fax to 717-264-8934.**INTERCOUNTY DUI SERVICES REQUEST**

Date:

<b>TO:</b>	DUI Unit Supervisor Franklin County Probation Department 440 Walker Road Chambersburg, PA 17201	<b>FROM:</b>	
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**Offender/Arrest Information**

<b>Name:</b>		<b>D.O.B.:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Arrest Date:</b>	<b>B.A.C.:</b>	<b>Arresting Agency:</b>

OLN #:

**Services Requested/Provided**

- Request offender be enrolled in your  First Offender DUI School  Multiple Offender DUI School  
 Request you schedule offender for CRN  
 Please refer for drug/alcohol assessment if indicated by CRN  
 CRN is enclosed for your review  
 Offender completed our  First Offender DUI School  Multiple Offender DUI School on \_\_\_\_\_  
 Offender has failed to complete our  First Offender DUI School  Multiple Offender DUI School
- Failure to pay for services
  - Failure to respond to scheduled appointments
  - Failure to attend class as scheduled
  - Other \_\_\_\_\_
- Comments:
- Please notify us in writing when offender has completed the requested services.