CUMBERLAND COUNTY
NORTH CAROLINA

Local Reentry Council Referral Form

Date: _____

Referred By: _____

Release/Projected Release Date: _____

Prison Release Unit: _____

OPUS/PID: _____

Full Name: _____
First *Middle* *Last*

Birthdate: _____ Gender: _____

Address: _____

Cellphone #: _____ Home Phone #: _____

Email: _____

Supervision Type:

☐ Post Release ☐ Probation/Parole ☐ Federal Probation ☐ N/A

Officer Name: _____

Officer Phone: _____ Email: _____

Recently Released from/Currently Housed In:

☐ State Prison ☐ Federal Prison ☐ Cumberland County Jail
☐ Out of State ☐ N/A ☐ Other: _____

Convicted Sex Offender:

☐ Yes ☐ No *If Yes, County Registered in*: _____

Services Requested:

☐ Employment ☐ Transportation

☐ Education/Vocational Training ☐ Referral to Health and Wellness

☐ Family Support/Counseling ☐ Other: _____

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Email: LRC@cumberlandcountync.gov