Request #_____
(DCJ Use Only)

COLORADO COMMUNITY CORRECTIONS
SPECIALIZED OFFENDER SERVICES FUND
APPLICATION

Application Date	
Applying Agency (Board or Program)	
Agency Contact (Your Name)	**Phone** **FAX:**
Offender Name	**Offender Case No.** **District of Conviction**
9 Diversion **9 Transition** **9 Parole** **9 ISP** **DOC LIAISON APPROVAL:** (Required on all DOC requests)	
Brief Description of Offender's Needs or Problems that must be addressed to allow continued community placement (attach additional pages if more space is needed).	
Description of the Specialized Services to be provided with funds.	
Identification of the Service Provider	**Credentials/Qualifications**
Name	
Address	
Phone	
Cost per Service/Session (REQUIRED)	
Estimated Monthly Cost	**Estimated Length of Service**
Total Estimated Costs for Services (REQUIRED) **$**	

FAX THIS REQUEST TO: Division of Criminal Justice, Community Corrections
FAX NUMBER: (303) 239-4411
ATTENTION: Mindy Miklos

5/04