

**Minnesota Association of Restitution Services  
Serving the Courts and Community  
MARS REFERRAL FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Juvenile \_\_\_\_\_ Adult \_\_\_\_\_

Offense: \_\_\_\_\_

Hours Ordered: \_\_\_\_\_ Date Due: \_\_\_\_\_ Sanction \_\_\_\_\_ Fine \_\_\_\_\_ Restitution \_\_\_\_\_ Jail: \_\_\_\_\_

Prior Offenses: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance

Hours completed: \_\_\_\_\_ Job-site: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_

**MARS REFERRAL GUIDELINES**

1. Phone the contact person prior to mailing MARS referral.
2. Complete MARS referral form in its entirety.
3. Enclose copy of court order.
4. Form should be returned to sender upon completion of hours or by due date.