



REQUEST FOR ACP MITIGATION SERVICES

Remit to: Ann Usborne
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Date of Referral: _____
Attorney Name: _____ Office Phone: _____
Cell Phone: _____

Upon receiving and reviewing referral information, Ann will contact attorney within 2 days.

Client Information

Client Name: _____ Age: _____ DOB: _____
Address: _____ Phone: _____
Collateral Contact: _____ Phone: _____

Case Information

Incident Date: _____ Arrest Date: _____
Charges: _____

Custody Status: _____ If Held, Where: _____
On Probation/Parole: _____ If Yes, Underlying Conviction: _____
Reason for Referral: bail review pre-plea pre-sentence DOCCS purposes
Court: _____ Next Court Date: _____

DA Offer, if one: _____
Initial Thoughts Regarding Mitigation/ Desired Outcome/ Comments:

PLEASE ATTACH:
ACP CASE FORM (NOT THE FINANCIAL), ACCUSATORY INSTRUMENT, POLICE REPORTS, STATEMENTS, RAP SHEET.