



Referral to Durham CJRC

Referral Date

Client Name

OPUS

Client Address

Client Phone Number(s)

Service/Need:

• •	Employment	GED
• •	Reentry	MH Assessment
• •		
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Reason for Referral

Provide a detailed overview
of why the client
is being referred

Referral Agency:

Referral Agency Name	
Contact Person Name	
Contact Person Phone Number	
Contact Person Email	

Send Referral form to CJRC

Fax: 919-560-0504

Tel: 919-560-0500