

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA**

**Santa Barbara-Figueroa**

**Santa Maria-Miller**

**Lompoc**

**Referral Form – OR/BR Reports**

Defendant Name: \_\_\_\_\_ Court Case Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Attorney Contact Number: \_\_\_\_\_

Next Hearing Date: \_\_\_\_\_ (2-3 day turnaround minimum)

The Court is requesting the following:

Full Pretrial Services Report

Supplemental Pretrial Services Report

References

Victim feedback

Employment

Housing situation

Pretrial Services to determine/provide conditions for PTCO release

Other: \_\_\_\_\_

Email Form to: [PROBPTSSSTAFF@co.santa.barbara.ca.us](mailto:PROBPTSSSTAFF@co.santa.barbara.ca.us)