**UNITED STATES DISTRICT COURT**
**FOR THE EASTERN DISTRICT OF NORTH CAROLINA**

# HOPE Program

## *Initial Referral Form*

Date:

To: Maurice Foy
Supervisory U.S. Probation Officer
Maurice_Foy@ncep.uscourts.gov
Office: (919) 861-8678
Fax: (919) 861-5555

From:

Email:

Phone:

Fax:

Subject: **HOPE Program Referral**

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I hereby refer the following individual for consideration of acceptance into the HOPE Program:

Name: Phone:

Case Number:

Referring Individual: Phone:

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**BASIS FOR REFERRAL:**