



MARILYN HITE ROSS
WINNEBAGO COUNTY STATE'S ATTORNEY

Deferred Prosecution Program Referral Form

Nick Frisella
(815) 319-4700
nfrisella@wincoil.us

Offender Name: _____ **Referral Date:** _____
AKA: _____ **MID #:** _____
DOB: _____ **Gender:** _____
Current Address: _____ **Social Security #:** _____

Phone #: _____
Case #: _____
Arrest Date: _____ **In Custody?:** _____ **Release Date:** _____
Offense (s): _____
Next Court Date: _____
Defense Attorney: _____ **ASA:** _____
Referral Source: _____ **Phone #:** _____ **Email:** _____
Comments:

***Send a non-refundable \$50.00 application fee to the Winnebago County Treasurer's Office.**

Include case number on the check.*

I _____, hereby give authority to the employees of the Winnebago County Deferred Prosecution Program, or its assignees, to speak to me without my attorney present.

Defendant

Defense Attorney