

52-1 District Court Probation Department
PROBATION DEPARTMENT
(248) 305-6460
48150 Grand River Ave
Novi, MI 48374

Transfer Application

To be completed by the defendant, defense attorney or transferring court.

Date: _____

Name: _____ DOB: _____

Address: _____

Phone number: _____ Email address: _____

Defense Attorney : _____ Phone number: _____

Email address: _____

Date of current offense: _____ Current Charge(s): _____

Case Number: _____ Court: _____

Jurisdiction: _____ Court Contact: _____

Phone number: _____ Email: _____

Next Court Date and Type? _____

Presentence report conducted/completed? Yes No

If so, please attach report.

Name of approving prosecutor from transferring jurisdiction: _____

Contact email of prosecutor of transferring jurisdiction: _____

Criminal history: Have you ever been convicted of a felony: Yes No

If yes, please provide the following:

Date of offense: _____ Offense: _____

Jurisdiction of offense: _____ Sentence: _____

Date of offense: _____ Offense: _____

Jurisdiction of offense: _____ Sentence: _____

Have you previously participated in a Treatment Court? If yes, please list the court below:

Have you ever served in the United States military: Yes No

If so, which branch? _____ Year _____

Discharge type: _____

Do you take medication including medical marijuana: Yes No

If yes, please list medications: _____

Have you been diagnosed with a Mental Health Disorder? Yes No
If yes, please list your diagnosis and if receiving treatment where that is:

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2 ****PLEASE NOTE: ALL FINES & COSTS MUST BE PAID TO THE
TRANSFERING COURT ON THE DAY OF SENTENCING FOR THE
TRANSFER TO BE FINALIZED.- THERE ARE NO EXCEPTIONS****