



# Secure Remote Continuous Alcohol Monitoring (SCRAM)

120 Stuyvesant Place, Suite 410 Staten Island, NY 10301

Office: 718-727-9722

Please email referral form to: [Sireferrals@eac-network.org](mailto:Sireferrals@eac-network.org)

Date: \_\_\_\_\_ Length of mandate: \_\_\_\_\_

Person being referred: \_\_\_\_\_

Address:

\_\_\_\_\_

Street

Apt

\_\_\_\_\_

City

State

Zip

Phone#: \_\_\_\_\_

DOB: \_\_\_\_\_

Email \*: \_\_\_\_\_

Primary Language: ( ) English ( ) Spanish ( ) Other: \_\_\_\_\_

Referral Source: ( ) Criminal Court ( ) Supreme Court

( ) Other: \_\_\_\_\_

For Legal Purposes Fill Out Below:

NYSID: \_\_\_\_\_

Docket/Indictment/Case#: \_\_\_\_\_

Judge: \_\_\_\_\_

Court Part: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Person to receive reports other than the Court:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax and or Email: \_\_\_\_\_

Conditions in addition to SCRAM: \_\_\_\_\_