

Division of Medical Assistance Report of Referrals to Law Enforcement

County: _____

Quarter Beginning Date: _____

Quarter Ending Date: _____

1. During this period, did the county make any referrals to the district attorney or law enforcement? Yes No
2. During this period, were there any dismissals or convictions of cases that had been referred to the district attorney or law enforcement? Yes No
3. List information below for referrals made to the district attorney or law enforcement.

EPICS Referral ID	Name of Individual	Date Referred to District Attorney	Date Referred to Local Law Enforcement	Date Referred to State Law Enforcement	Date Dismissed	Date Convicted	Outcome of Referral Other Than Dismissal or Conviction

Prepared by: _____ Title: _____

Signature: _____ Date: _____