

DATE RECEIVED: \_\_\_\_\_

## GRANT COUNTY TREATMENT COURT REFERRAL FORM DRUG COURT PROGRAM

Attorney Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Attorney Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Offender Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Offender Current Address: \_\_\_\_\_

Offender's Phone Number: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Alternate Address/Phone Number (if current address is jail):  
\_\_\_\_\_

Offender Date of Birth: \_\_\_\_\_

Does individual meet eligibility criteria? (Please check each item.)

\_\_\_ Current Resident of Grant County.

\_\_\_ 17 years or older.

One or more of the following:

\_\_\_ Convicted of crimes related to their substances abuse.

\_\_\_ Convicted of crimes to finance their substances abuse habit.

\_\_\_ Charged with distribution of a controlled substance.

\_\_\_ Facing probation/extended supervision sanction or revocation and abusing substances.

\_\_\_ Proposed participants will be either post adjudication, pre-plea, or in ATR status.

\_\_\_ Participants must agree to abide by the Treatment Court Program rules and willing to participate.

\_\_\_ Meet diagnostic criteria for substance related disorders – moderate or severe.

\_\_\_ History of drug dependency.

The Treatment Court Team will consider prior criminal offenses, substance abuse history, present offense factors, and motivation to succeed in the program in making its eligibility determination. If there are issues with any of these criteria but you believe they may still be eligible to participate, please indicate (attach separate sheet if necessary):

Does individual have outstanding warrant(s) or pending charge(s)? Yes \_\_\_\_ No \_\_\_\_

If yes, explain:

\_\_\_\_\_

If yes, case number (s):

\_\_\_\_\_

Current Offense/Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_

Prior Offense(s) (Include if misdemeanor or felony) and Drug/Alcohol Use History:

\_\_\_\_\_

Currently in AODA treatment? Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_

Previously involved in AODA treatment? Yes \_\_\_\_ No \_\_\_\_

If yes, where/dates of attendance?

\_\_\_\_\_  
\_\_\_\_\_

Does the individual have healthcare coverage? Yes \_\_\_\_ No \_\_\_\_

Is individual presently on Probation? Yes \_\_\_\_ No \_\_\_\_

Any prior term(s) of Probation supervision (juvenile/adult)? Yes \_\_\_\_ No \_\_\_\_

If yes, where/date(s)/offense(s) of supervision: \_\_\_\_\_

Does individual have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_

If no, please specify:

\_\_\_\_\_

Is individual employed? Yes \_\_\_\_ No \_\_\_\_ If yes, where?

\_\_\_\_\_

Any prior convictions or assaultive/violent behavior or domestic abuse?

Yes \_\_\_\_ No \_\_\_\_ If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prosecuting attorney

\_\_\_\_\_  
Date