

# Forrest/Perry County Drug/DUI/Veteran's Court Referral Form

\_\_\_\_\_ Drug Court \_\_\_\_\_ DUI Court \_\_\_\_\_ Veteran's Court

If Veteran's Court is selected, please answer the following:

\_\_\_\_\_ Branch of Service \_\_\_\_\_ Dates of Service

\_\_\_\_\_ Type of Discharge

Referred by: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Defendant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F Race: \_\_\_\_\_

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

Cause number: \_\_\_\_\_ Are these new charges: \_\_\_\_Yes \_\_\_\_No

Violation of: \_\_\_\_Probation \_\_\_\_Community Service \_\_\_\_Pretrial Diversion

List Charges and/or violations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant's most CURRENT address and phone number: \_\_\_\_\_

\_\_\_\_\_

Brief summary of why you believe the defendant is a candidate for Treatment Court: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELIGIBILITY CRITERIA:

\_\_\_\_ Yes \_\_\_\_ No Does applicant reside in Forrest or Perry County? If not, where? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Does applicant have a suspected drug and/or alcohol dependency?

\_\_\_\_ Yes \_\_\_\_ No Is applicant willing to participate in Treatment Court?

\_\_\_\_ Yes \_\_\_\_ No Are you aware of any circumstances that may make the defendant ineligible for  
Treatment Court? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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

\_\_\_\_ Yes \_\_\_\_ No Has the defendant been convicted of or is pending a violent felony?

If yes, please explain: \_\_\_\_\_

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

\_\_\_\_ Yes \_\_\_\_ No Does the defendant have reliable transportation and housing?

Signature of person making referral: \_\_\_\_\_

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

# Criteria for Participation

**I understand that I will be required to submit to complete the following requirements if I am accepted into Drug/DUI/Veteran's Court and have acknowledged my understanding by initialing each requirement below.**

Initials

- \_\_\_\_\_ 1.      Remain alcohol/Drug free.
- \_\_\_\_\_ 2.      Submit to random, observed urine screens, breath test, and/or saliva tests at LEAST twice weekly.
- \_\_\_\_\_ 3.      Attend whatever treatment is prescribed to you by Pine Grove Assessment Team.
- \_\_\_\_\_ 4.      Attend at LEAST 4 twelve step meetings weekly.
- \_\_\_\_\_ 5.      Attend Court every Monday.
- \_\_\_\_\_ 6.      I understand that the frequency of some of the requirements might be increased should it be in the best interest of my rehabilitation.

**\*Upon acceptance into the treatment court program, a complete list of the rules and expectations will be provided.\***

**I UNDERSTAND THE CONDITIONS OF TREATMENT COURT AND WISH TO BE CONSIDERED FOR ENROLLMENT INTO THE PROGRAM.**

Defendant: \_\_\_\_\_ Attorney: \_\_\_\_\_

Approved by District Attorney's Office: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_