



**Eighth Judicial District Court
Drug Court Referral**

Referring Agency: _____

Date of Referral: _____

Employee Making Referral: _____

Title: _____

Phone#: _____

Address: _____

REFERRAL SOURCE: Complete all applicable items and attach all available documents.

SUPPORTING DOCUMENTATION REQUESTED: (if available)

- A. Pre-Sentence Report
- B. NCIC
- C. Police Reports
- D. Psychological Evaluation
- E. Judgment and Sentence/Plea Agreement/Conditions of Release
- F. Violation Reports

APPLICANT INFORMATION:

Name: _____ Age: _____ Sex: _____

DOB: ____/____/____

Ethnicity of Client: _____

Social Security #: _____ - _____ - _____

Mailing Address: _____

Physical Address: _____

Telephone(s): _____

Is the client incarcerated? **Yes** or **No** If yes, where? _____

CRIMINAL INFORMATION:

Current Offense(s): _____

Active Case Number(s): _____

Upcoming Court Date(s): _____

Victim: _____

Type of Referral: (Circle which applies)

- A. Pre-Indictment
- B. PV (Official)
- C. Post Indictment
- D. Probation Violation (internal)
- E. Probation (Suspended)

Does individual have a prior felony conviction? **YES NO**

Does the individual have any prior violent offenses? **YES NO**

SUBSTANCE USE INFORMATION:

Result of Last UA? **Negative Positive**

If positive, which substance did client test positive for?

Drug of Choice? _____

PSYCHOLOGICAL INFORMATION:

Does individual currently receive psychological or mental treatment? **YES NO**

If yes, describe: _____

Does individual currently receive medical treatment that might affect their participation in the program? **YES NO**

If yes, describe: _____

PROGRAM INFORMATION:

Is individual willing to participate in the Drug Court? **YES NO**

Reason why you are referring individual to Drug Court:

Signature of Referral Source

Date

Drug Court Staff Signature of receipt

Date of Receipt