

Treatment Court Referral Form



Treatment Docket: _____

Regional Treatment Court Coordinator: _____

Referral Date: _____

Defendant's Name: _____

Current Address: _____

Phone: (h) _____

Referred by: _____

Referral Source:

Judge State's Attorney's Office

Private Defense Attorney Treatment Provider

Previously Referred: YES NO

Sent to Court for Odyssey? **YES NO**

DOB _____

Safe and Sober housing? **YES NO**

Cell _____

Email _____

Public Defender's Office

Office of Probation

Other _____

If **YES**, please indicate substantial change in circumstance to warrant a reconsideration (**required**): _____

Please list **ALL** pending charges and docket numbers in **ALL** counties/states, including any underlying offenses and/or a VOP.

Charge: _____ VOP: **YES NO** Docket #: _____ M F

Defense Attorney: _____ Prosecutor: _____

Charge: _____ VOP: **YES NO** Docket #: _____ M F

Defense Attorney: _____ Prosecutor: _____

Charge: _____ VOP: **YES NO** Docket #: _____ M F

Defense Attorney: _____ Prosecutor: _____

Charge: _____ VOP: **YES NO** Docket #: _____ M F

Defense Attorney: _____ Prosecutor: _____

Charge: _____ VOP: **YES NO** Docket #: _____ M F

Defense Attorney: _____ Prosecutor: _____

Prosecutor: Approves Referral Opposes Referral

Probation Officer: Approves Referral Opposes Referral

Probation Officer's Name: _____

Notifications: _____ Approved for Screening: **YES NO**