

# 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