

Treatment Docket Referral Form



Treatment Docket:

Regional Treatment Coordinator:

Referral Date: _____ Sent to Court for Odyssey? **YES** **NO**

Defendant's Name: _____ DOB: _____

Current Address: _____ Safe and Sober housing? **YES** **NO**

Phone: (h) _____ (cell): _____

Referred by: _____ Email: _____

Referral Source: Judge State's Attorney's Office Public Defender's Office

Private Defense Attorney Treatment Provider Office of Probation Other: _____

Previously Referred: **YES** **NO**

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**