

# 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**