

Referral Name *

First Name Last Name

Referral Phone Number

Please enter a valid phone number.

Permanent Residence Address (Do not list jail) *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Referral DOB (MM/DD/YYYY) *

Current incarcerated *

Yes
No

Currently on a cash bond *

Yes
No

Does the referral have a bench warrant for a pending case? *

Yes
No

Agent Name *

Agent Phone Number *

Please enter a valid phone number.

Agent E-mail *

example@example.com

Attorney Name

First Name Last Name

Attorney Phone Number

Please enter a valid phone number.

Attorney E-mail

example@example.com

Current Supervision Offenses *

Violations prompting ATR *

COMPAS Scores + Level *

Date of last COMPAS Assessment

Does the referral have at least 18 months of supervision remaining? *

Yes

No

Has pending charges which will/may increase their time on supervision

Does the client have any of the offenses in their criminal history or current allegations? (Original charge, current charge or conviction) *

High level drug trafficking*

Felony Sex Offense

Homicide

Terroristic Threats

Criminal Vehicular Homicide

Crime Committed to Benefit a Gang

Drive by Shooting

Crime which involved injury or harm to another person*

None of the above

Pending or Referred Charges

AODA History/Use includes: *

Amphetamines

Methamphetamine

MDMA

Barbiturates

THC

PCP

Heroin

Cocaine

Opioids

Alcohol

Prescription Medication Abuse

Are there any barriers to the client participating in Drug Court? (e.g. outstanding warrants, homelessness, transportation, etc.)

Is there any additional information that you feel is important for this referral?