

ADAMS COUNTY DRUG COURT DRUG COURT REFERRAL FORM

To: Drug Court Coordinator

The following person is hereby referred to determine eligibility for Adams County Drug Court:

Name: _____

Date of Birth: _____ S.S.N.(last four digits): XXX-XX-_____

Address: _____

Telephone: (____) _____ - _____

Current Charge/Violation(s): _____

Other Pending Charges: _____

Is the client currently incarcerated? Y or N If yes, in what facility? _____

Referral Source: _____

Date of 1st pre-trial conference/status *(if yet scheduled)*: _____

Date of referral: _____ *(preferably, date of referral should be no later than 10 days after the 1st pre-trial conference).*

The Adams County Prosecuting Attorney has reviewed this referral and finds that the proposed participant:

_____ Meets legal eligibility for Adams County Drug Court

_____ Does not meet legal eligibility for Adams County Drug Court
