

Gregg County Criminal Drug Court Referral Form

Date: _____ Defendant's Name: _____

Case Number(s): _____

Are these new charges? ___ Yes ___ No VOP? ___ Yes ___ No Is the defendant currently in jail? ___ Yes ___ No

List Charges: _____

Defendant's most **CURRENT** address and phone number: _____

Referral Made By (please place a check in the appropriate box **AND** also include the names and phone numbers of the other parties so that we may advise them of this referral):

Judge: _____ Phone: _____

Defense Counsel: _____ Phone: _____

Prosecutor: _____ Phone: _____

Probation/Other: _____ Phone: _____

Brief summary of why you believe the defendant is a candidate for Drug Court: _____

You may attach a separate form if you wish to provide additional information.

Eligibility Criteria:

___ Yes ___ No Does applicant reside in Gregg County? In not, where? _____

___ Yes ___ No Is applicant addicted to/dependent upon alcohol and/or drugs?

___ Yes ___ No Does applicant have transportation to Drug Court and treatment sessions? What is it? _____

___ Yes ___ No Is applicant willing to participate in Drug Court?

___ Yes ___ No Is applicant physically and mentally capable of participation in intensive outpatient treatment?

Further explanations of any "no" answers may be submitted on additional pages.

___ Yes ___ No Are you aware of any circumstances that may make the defendant **ineligible** for Drug Court?

If yes, please explain briefly: _____

May we schedule and send the defendant for his/her eligibility assessment and treatment evaluation with the Drug Court counselor and probation officer? _____ Yes _____ No

Criteria for Participation

I understand that I will be required to submit to/complete the following requirements if I am accepted into Drug Court and have acknowledged my understanding by initialing each requirement.

- 1. Complete 90 AA/NA meetings in the first ninety (90) days after acceptance, and as directed thereafter, but in no event less than three (3) times per week.
- 2. Attend group counseling one time per week.
- 3. Attend individual counseling one time per week.
- 4. Gain and/or maintain employment.
- 5. Remain alcohol/drug free.
- 6. No alcohol or drugs may be present at your residence. It must be completely drug/alcohol free.
- 7. Submit to a curfew and acknowledge that curfew checks will occur, sometimes late into the night.
- 8. Submit to random and frequent urinalysis and/or breath alcohol testing.
- 9. Appear in Drug Court weekly.
- 10. Report to probation officer weekly.
- 11. Obtain a sponsor.
- 12. Complete a year of aftercare following discharge from Drug Court.
- 13. Participate in an Alumni Group following discharge from Drug Court.
- 14. I understand that the frequency of some of the requirements might be increased should it be in the best interest of rehabilitation.

I UNDERSTAND THE CONDITIONS OF DRUG COURT AND WISH TO BE CONSIDERED.

Defendant: _____ Attorney: _____

*****124th cases require the judge's approval before being forwarded to the Drug Court Coordinator.**

Approved? Yes No Judge Charles' Signature: _____

This completed form must be faxed to: Gary Davis, Fax Number: (903) 757-7151

Approved:	Treatment Provider:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	District Attorney's Office:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Judge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For use by the Adult Drug Court Team:

Eligible Ineligible **If Ineligible, reason: _____**

Gregg County Criminal Drug Court does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in reviewing participants for acceptance into the program or in the delivery of services to participants.