

20<sup>TH</sup> District Division II  
Adult Drug Court  
Referral Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Case # CF \_\_\_\_\_

**Referral Source:**

Another Diversion Program? Yes \_\_\_\_\_ If so, which program \_\_\_\_\_

Defense Attorney: Name \_\_\_\_\_

District Attorney: Name \_\_\_\_\_

Family Member: Relationship & Name \_\_\_\_\_

Judge: \_\_\_\_\_

Offender Screening: Agency \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female: \_\_\_\_\_ **Military Status:** Active \_\_\_\_\_ Veteran \_\_\_\_\_ None \_\_\_\_\_

**Race:** White, Non-Hispanic \_\_\_\_\_ Black, Non-Hispanic \_\_\_\_\_ Alaska Native \_\_\_\_\_

Hispanic-Cuban \_\_\_\_\_ Hispanic-Mexican \_\_\_\_\_ Hispanic-Other \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_ American Indian – Tribe \_\_\_\_\_

**What event brought this case/participant to court?**

Current Arrest \_\_\_\_\_ Community Sentencing Revocation/Transfer \_\_\_\_\_

Pre-Trial Release Failure \_\_\_\_\_ Probation/Parole Revocation (Technical Violation) \_\_\_\_\_

Probation/Parole Revocation (New Offense) New Charge: \_\_\_\_\_

**Controlling Charge:** \_\_\_\_\_ **Charge Date:** \_\_\_\_\_

**Additional Charges: (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_

**(3)** \_\_\_\_\_

**Custody Status:** In Custody \_\_\_\_\_ Next Court Date \_\_\_\_\_ Out of Custody \_\_\_\_\_ AWOL \_\_\_\_\_

**Previous diagnosis:** \_\_\_\_\_

**Type of Risk Assessment/Date:** LSCMI \_\_\_\_\_ LSI \_\_\_\_\_ ORAS \_\_\_\_\_ Score: \_\_\_\_\_

**Risk Level:** Very High \_\_\_\_\_ High \_\_\_\_\_ Moderate High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_

If MODERATE/LOW is participant seeking help for a substance abuse problem? Yes \_\_\_\_\_ No \_\_\_\_\_

**Is the individual eligible?** Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, were they accepted into program? \_\_\_\_\_

**If accepted who is the treatment provider?** Lighthouse Behavioral Wellness Center

X \_\_\_\_\_ Date \_\_\_\_\_

Drug Court Coordinator

**FOR DISTRICT ATTORNEY USE ONLY**

Form received by

\_\_\_\_\_  
Assistant District Attorney

\_\_\_\_\_  
Date

Participant Referred to the Drug Court Program \_\_\_\_\_

Case # \_\_\_\_\_ Charge \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, reason for denial.

DA Refusal \_\_\_\_\_

Ineligible Charge \_\_\_\_\_

Judge Refused \_\_\_\_\_

Low Risk Assessment \_\_\_\_\_

Low Treatment Needs Results \_\_\_\_\_

Other Team Member Refused \_\_\_\_\_

Participant Refused \_\_\_\_\_