

Douglas County Specialty Court Referral Form



E-mail completed form to:

dadrugcourt@douglascountyks.org or dabhc@douglascountyks.org

Date: _____ Specialty Court Program: Drug Court
 Behavioral Health Court

Proposed Participant's Name: _____

DOB: _____ Last 4 digits SSN: _____ Age: _____

Gender: _____ Race: _____ Hispanic or Non-Hispanic: _____

Primary Language: _____ Military Service: Yes No Branch: _____

Case Number(s): _____

Current Charge(s): _____

Is the proposed participant currently in custody? Yes No

Is the proposed participant on active probation, parole, or post-release? List County/Countries.

Does the proposed participant have any other pending (municipal or out-of-state) cases? Status:

Current/Proposed Douglas County address: _____

Phone Number: _____ Alternative Number: _____

Referral Made By: _____
(Name) (Title) (Phone #) (Email)

Provide a brief summary of why the proposed participant is a good candidate for Specialty Court:

SCREENING CRITERIA:

Yes No Does Proposed Participant reside in Douglas County?

Yes No Does Proposed Participant admit to abusing substances (drug(s) and/or alcohol)

Yes No Does Proposed Participant have a serious or persistent mental illnesses?

Yes No Does Proposed Participant have Douglas County Felony/Misdemeanor Charge or Felony Probation pending?

Criteria for Participation

I have reviewed the criteria for this Specialty Court with my attorney and understand if accepted I will be required to submit to and complete the following basic requirements:

- ___ 1. I will reside in Douglas County for duration of this Specialty Court Program.
- ___ 2. I will remain alcohol/drug free. I will submit to random observed urine screens and breath testing.
- ___ 3. I will attend any treatment or therapies based on my assessment and/or phase requirements.

*Upon acceptance into the Specialty Court program, a Handbook will be provided and reviewed with you by your supervising officer.

***I understand these conditions and wish to be considered for this Specialty Court program, and understand that nothing in this application will be used against me criminally.**

Proposed Participant: _____ Attorney: _____

For Office Use Only:

Approval: District Attorney's Office ___ Yes ___ No

If no, reason: _____

Pre-Screening Information:

Criminal History: (Active Warrants or other Exclusionary Considerations)

Active Supervisions: (County/Officer Contact Info. /Term of Supervision/If supportive of referral)

Pending Cases: (DA's Office to follow up)

The Douglas County Specialty Courts does not discriminate on basis of race, color, national origin, religion, sex, disability, or age in reviewing applicants for acceptance into the program or in the delivery of services to participants. All applications are subject to the approval of both the District Attorney's Office and Specialty Court Teams.