

# Douglas County Drug Court Referral Form

Referral Forms should be e-mailed to: [dadrugcourt@douglascountyks.org](mailto:dadrugcourt@douglascountyks.org)



Date: \_\_\_\_\_

Proposed Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Last 4 digits SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Current Charge(s): \_\_\_\_\_

Is the Proposed Participant currently in custody?  Yes  No

Proposed Participant's most current address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Referral Made By: \_\_\_\_\_

*(Name)*

*(Title)*

*(Phone #)*

Provide brief Summary of why the Proposed Participant is a good candidate for Drug Court:

---

---

---

---

---

---

## ***ELGIBILITY 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 agree to cessation of use of drug(s) and/or alcohol?
- Yes  No Does Proposed Participant have pending Felony charge?
- Yes  No Does Proposed Participant-have any out-of-county or out-of-State cases?  
If answered yes, have the cases been resolved?  Yes  No
- Yes  No Does Proposed Participant have a serious or persistent mental illnesses which prohibit participation in substance abuse treatment?

*Criteria for Participation*

After you have reviewed each criteria with your attorney, and if you understand it, please initial it to indicate your understanding.

I understand if I am accepted into Drug Court I will be required to submit to and complete the following requirements:

- \_\_\_ 1. I will reside in Douglas County for duration of Drug Court Program.
- \_\_\_ 2. I will remain alcohol/drug free.
- \_\_\_ 3. I will submit to random, observed urine screens, breath testing, and pin number testing.
- \_\_\_ 4. I will attend treatment based on assessment and Drug Court phase requirements.
- \_\_\_ 5. I will appear in Drug Court based on phase and/or as directed by Court Team Member.
- \_\_\_ 6. I will meet with Drug Court Officer, Treatment Counselors, and Peer Supports as directed.

\*Upon acceptance into the Drug Court program, a Drug Court Handbook will be provided and reviewed with you.

**\*I understand the conditions of Drug Court Program and wish to be considered for entry into the program.**

Proposed Participant: \_\_\_\_\_ Attorney: \_\_\_\_\_

This completed form must be emailed to [dadrugcourt@douglascountyks.org](mailto:dadrugcourt@douglascountyks.org)

**For Office Use Only:**

Approval: District Attorney's Office \_\_\_ Yes \_\_\_ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

The Douglas County Drug Court 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 Drug Court Team.