

Douglas County Drug Court Referral Form



Date: _____

Defendant's Name: _____

Age: _____ Gender: _____ Race: _____

Case Number(s): _____

Are these new charges? ___ Yes ___ No

Is the defendant currently in jail? ___ Yes ___ No

List Charges: _____

Defendant's most Current address: _____

Phone Number: _____ Alternative Number: _____

Referral Made By: _____

(Name)

(Title)

(Phone #)

Provide brief Summary of why you believe the defendant is a candidate for Drug Court:

ELGIBILITY CRITERIA:

___ Yes ___ No Does applicant reside in Douglas County?

___ Yes ___ No Does applicant admit to abusing substances (drug and or alcohol) with the agreement to cessation of use and participate in program?

___ Yes ___ No Does applicant have Felony charge pending?

___ Yes ___ No Does applicant have any out of county or out of State charges?

If answered yes, have the cases been resolved? ___ Yes ___ No

___ Yes ___ No Applicant has no serious or persistent mental illnesses which prohibit participation in substance abuse treatment?

Criteria for Participation

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

- ___ 1. Will reside in Douglas County for duration of Drug Court Program.
- ___ 2. Remain alcohol/drug free
- ___ 3. Submit to random, observed urine screens, breath testing and pin# testing.
- ___ 4. Attend treatment based on assessment and Drug Court phase requirements.
- ___ 5. Appear in Drug Court based on phase and or as directed by Court Team Member.
- ___ 6. Meet with Drug Court Officer, Treatment Counselor's, and Peer Supports with the understanding that the frequency of some of the requirements might increase should it be in the best interest of my rehabilitation.

*Upon acceptance into the Drug Court program, a Drug Court Handbook will be provided and gone over with you. ***I understand the conditions of Drug Court Program and wish to be considered for entry into the program.**

Defendant: _____ Attorney: _____

This completed form must be returned to Assistant District Attorney-Chris Coleman at:

Email: dadrugcourt@douglascountyks.org

Deliver form to DA's Office (attention) ADA-Chris Coleman

Approval: District Attorney's Office ___ Yes ___ No

If no, reason: _____

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 Staffing Team.