

Douglas County Drug Court Referral Form



Referral Forms should be e-mailed to: 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:

For Office Use Only:

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 Team.