

# Guilford County Drug Treatment Court Referral Form

Referral Date: \_\_\_\_\_ Client in Jail: GBO \_\_\_ HP \_\_\_ Next Court Date : \_\_\_\_\_ ( )

Client's Name: \_\_\_\_\_  
First Middle Last Date of Birth

Referral  Judge \_\_\_\_\_  Def Attorney \_\_\_\_\_  
Source:  ADA \_\_\_\_\_  LEO \_\_\_\_\_  
 Court Svcs \_\_\_\_\_  Treatment Provider \_\_\_\_\_  
 Self  other (incl family) \_\_\_\_\_

Consented to by: \_\_\_\_\_, ADA

SIGNATURE OF DRUG TREATMENT COURT ADA

Homeless:  Yes  No Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Cell

Other contact information: \_\_\_\_\_

## Charge Information

<i>CR/CRS #'s</i>	<i>Charge(s)</i>	<i>Class</i>	<i>Level</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach original probation judgment and violation - if referring as a violation.

Attorney's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Conviction Information (attach criminal history)