

**SEND OR FAX FORM TO:**

Drug Court Coordinator  
50 Maryland Avenue  
Rockville, MD 20850  
Fax: 240-777-9117  
Phone: 240-777-9141



# DRUG COURT REFERRAL FORM

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

Defendant's Name: \_\_\_\_\_

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

**Defendant's most CURRENT address and phone number:**

\_\_\_\_\_  
\_\_\_\_\_

Is the Defendant currently incarcerated?

Yes  No  If yes, which facility?  MCDC  MCCF  Other: \_\_\_\_\_

**REFERRAL MADE BY** (please place a check in the appropriate box **AND** also include the names and phone numbers of the other parties so that we may advise them of this referral):

- Judge: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)
- Defense Counsel: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)
- State's Attorney: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)
- Parole and Probation Or Other \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

Brief summary of why you believe that the defendant is a candidate for Drug Court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The eligibility criteria for acceptance into Drug Court are that the Defendant must be a resident of Montgomery County, addicted to / dependent on alcohol and/or other drugs, amendable to, and mentally / physically capable of, participating in an intensive outpatient program, and must be non-violent. Considering the eligibility criteria, are you aware of any circumstances that may make the Defendant **ineligible** for Drug Court? Yes  No

If yes, please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we schedule and send the Defendant for his/her eligibility assessment and treatment evaluation through the Outpatient Addiction Services (OAS) Unit at the Department of Health and Human Services? Yes  No

