

# COWETA CIRCUIT FELONY DRUG COURT INITIAL REFERRAL FORM

This form will be reviewed, initialed and signed by the defense attorney and submitted to the Assistant District Attorney assigned to the case. The form and file will then be submitted to the Drug Court Prosecutor.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are You Currently In Jail?: Yes  No

## STEP ONE: POTENTIALLY DISQUALIFYING CHARACTERISTICS

Please check Yes or No below:	Yes	No
Does the individual have a current substantiated violent charge or conviction within the past 5 years?		
Does the individual have a current substantiated or prior sex offense?		
Does the individual live in Troup County and have a Troup County address where s/he can reside if accepted?		
Address:		
Does the individual have an excessive amount/sales amount of drugs? <small>An individual <u>may</u> be disqualified if the amount of drugs possessed exceeds the amounts consistent with personal use.</small>		
Do the individual's current charge(s) involve drug sales or possession with intent to distribute?		
Does the individual have a cognitive, functional or medical condition that would prevent full participation?		
Is the individual currently in residential treatment or serving time in prison?		
Does the new charge carry a minimum sentence of 3 years?		
<b>PROBATION</b>		
In the case of a probation violation, does the individual still have at least 3 years left on the probation case?		
If not, will Def agree to the application of OCGA 42-8-34(g) which allows the sentencing court to extend probation?		
Are you currently on probation or parole anywhere other than Troup County?		
Where?		
Probation Officer(s) Name(s):		

## STEP TWO: PRESUMPTIVE QUALIFYING CHARACTERISTICS

Please check Yes or No below:	Yes	No
Was commission of the offense motivated by a desire to support an alcohol/drug habit?		
Is the individual willing to admit that substance abuse is a motivator for their criminal activity?		
Will the individual voluntarily complete a drug court application packet and undergo psychological testing?		
<b>Please Answer the following:</b>		
Number of prior drug offenses:	Drug of Choice:	
Number of non-violent property/monetary crimes:		
Prior treatment: (Circle One) <b>Y</b> <b>N</b> If so, Number of Prior treatment failures:		
Do you currently have pending charges anywhere other than Troup County?		
If so, where, including agency name:		
Case Numbers:		
Charges:		
Any other information:		

*\*Final determination about Drug Court eligibility will be decided after review of all pertinent information. Please submit any additional information relevant to this drug court referral.\**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*****For Program Use Only. Do Not Write Below This Line, Thank you.*****				
Defense Attorney/ Public Defender		Approved	Denied	Date:
Assigned District Attorney		Approved	Denied	Date:
Program District Attorney		Approved	Denied	Date:
Notes:				