

First Judicial District Treatment Court

Referral Form

DATE _____

CLIENT NAME _____

DOB _____

ATTORNEY OF RECORD _____

CURRENT CHARGE(S) _____

PRESIDING JUDGE _____

CURRENT ADDRESS _____

CURRENTLY INCARCERATED

CURRENT PHONE _____ CELL PHONE _____

I do hereby authorize the Treatment Court to complete the Initial Interview Report and submit information to the Treatment Court Team for the purposes of screening the applicant above. I further authorize the Treatment Court Defense Counsel to interview the applicant and advise them of any and all legal ramifications of their participation in the program.

ATTORNEY OF RECORD _____ DATE _____