



Submission Date: _____

Participant Referral
First Judicial District Adult Treatment Court – Lewis and Clark County

Applicant Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Email:** _____

Referral Information **Name:** _____ **Phone Number:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

History:

Marital Status: Single / Partnered/Engaged / Married / Common Law / Separated / Divorced / Widowed
Applicant's Current living arrangement: _____

Employment: Is Applicant currently employed? YES / NO If yes, where? _____

Substance Use/Abuse History:

Primary Drug of Choice: _____ **Secondary Drug of Choice:** _____
Is Applicant currently in treatment? YES / NO **If yes, who is Applicant's provider?** _____

Criminal History:

Is Applicant currently incarcerated? YES / NO **If yes, where?** _____
Prosecutor: _____ **Defense Attorney:** _____
Sentencing Judge: _____ **Probation Officer:** _____
List Current Charge(s) and Case Number(s), and indicate if the charges are Initial, on PTR, or Probation Diversions:

Is there a Plea Agreement in any cases listed above? YES / NO **If yes, do any include Treatment Court?** YES / NO
If any cases listed above are on PTR, list the maximum possible penalty, if revoked: _____

Does Applicant have any previous felony convictions or deferred impositions of sentencing? YES / NO
If yes, please list charges, sentence, and county: _____

Is/has Applicant ever been required to register as a Violent or Sexual Offender? YES / NO

Has Applicant ever been convicted of a sexual or violent offense pursuant to section Mont. Code Ann. § 46-23-502 (9) and/or Mont. Code Ann. § 46-23-502 (13)? YES / NO

Other Pertinent Information/History of Applicant:
