

Wood County Drug Court Referral Form

Date: _____

Referral's Name: _____

Referral's Birthdate: _____

Referral's phone number: _____

Attorney Name: _____

Attorney Phone Number: _____

Probation Agent: _____

Probation Agent Phone Number: _____

Is this referral an ATR or a diversion of new charges: _____

Does the referral have pending charges? _____

If so, please list them including case numbers.

If an ATR, which charge is being diverted? Include case number and county.

When is next court date?

Is the individual currently in custody? _____

If yes, when was referral put into custody? _____

Insurance (for treatment purposes): _____

Is insurance active? _____

Does the client have any criminal record and specifically a record involving violence towards others? If yes, please explain.

If the current offense is possession with intent to deliver or delivery of a controlled substance, what information is available to demonstrate the candidate is not a high-level drug profiteer?

What is the candidate's history of substance abuse?

Have there been previous drug and alcohol assessments and if so, what is the diagnosis? The candidate must be a drug abuser or drug dependent as defined by the protocols used by Wood County Unified Services.

What is the AODA treatment history, if any (include dates)?

Are there mental health concerns? Has there been any mental health assessments?

Referral's circumstances:

Relationship status: _____

Children: _____ If yes, how many: _____ Are children dependents? _____

Do children live in home? _____

Current living situation: _____

Current address: _____

Who else lives in the home: _____

Employment: _____ Education: _____

Driver's license: _____ Wood County resident for at least 6 months? _____

Notes:
