

Justice Services Specialty Court Referral Form



GENERAL INFORMATION

Referral Date: _____ In Jail: ☐ Yes ☐ No

Referral From: _____

Case Number: _____

☐ Family Drug Court

☐ Veterans Court

☐ DWI Court

☐ Mental Health Court

☐ W.O.R.T.H Court

☐ Adult Drug Treatment Court

THE COURT MONITORS PARTICIPANTS FOR A MINIMUM 12 TO 18 MONTH PERIOD

CLIENT PROFILE

Name: _____ DOB: _____ Age: _____ Ethnicity: _____ Gender: _____

Physical Address: _____

Primary Phone: _____ Secondary Phone: _____

CHARGE INFORMATION

Pending Charge(s): ☐ Yes ☐ No

If So, Where _____

Violent Crime Conviction? ☐ Yes ☐ No

Is this Person Employed? ☐ Yes ☐ No

If So, Where? _____

Does this Person have Suitable Housing?

☐ Yes ☐ No

Does this Person have Transportation?

☐ Yes ☐ No

Does this Person have Medical Needs? ☐ Yes ☐ No

Is this Person a Human Trafficking Victim?

☐ Yes ☐ No

Is this Person Susceptible to being Trafficked?

☐ Yes ☐ No

Any Mental Health Issues? ☐ Yes ☐ No ☐ Not Sure

Is this Person in Treatment for Substance Abuse?

☐ Yes ☐ No

If so, Where? _____

List All Drugs the Person is Known to Use:

Is this Person in the Military or a Veteran?

☐ Yes ☐ No

If so, Which Branch? _____

Dates Served: _____

MOS: _____

Discharge Status: _____

Does this Person receive Services through the VA?

☐ Yes ☐ No

Can you access your DD214? ☐ Yes ☐ No

Submitted By

Contact Information