

20TH Judicial Circuit Adult Drug Treatment Court

414 Washington Street, Suite 303

Grand Haven, MI 49417

Phone: 616-786-4133

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Referral Form

INSTRUCTIONS: Mail, fax or drop off the completed form to the above address or fax number.

REFERRAL SOURCE INFORMATION

Referred By: _____ Date: _____

Address: _____

Phone Number: _____ E-Mail: _____

Next Hearing Date: _____ Hearing Sentence

CLIENT INFORMATION

Name:		Contact Phone:	
Address:		Alt. Phone:	
City / State / ZIP:		County:	
D.O.B.:	Gender:	Race/Ethnicity:	
SS#:	D.L.#:		

Please answer the following questions below:

Y N

- ___ ___ 1. Is the client a current Ottawa County, MI resident?
- ___ ___ 2. Is the client on adult probation in Ottawa County? If so, Officer's name _____
- ___ ___ 3. Does the current case or any prior convictions involve death or serious bodily injury or intent to cause death or serious bodily injury?
- ___ ___ 4. Does the client have any prior convictions for criminal sexual conduct?
- ___ ___ 5. Does the client have any other pending felony charges?
- ___ ___ 6. Does the client have an alcohol and/or drug addiction or show a serious pattern of substance abuse?
- ___ ___ 7. Is the client currently receiving chemical treatment for substance abuse withdrawal?
- ___ ___ 8. Are there obvious signs of diminished mental capacity (mental impairment)?
- ___ ___ 9. Does the client have an open case or owe money in any other jurisdiction? If so, what county? _____

Additional Information: _____

