

Drug Treatment Court Referral



INFORMATION

Referral Date: _____ In Custody: No Yes in ___ GSO ___ HP

Defendant Name: _____ Date of Birth: _____

Attorney Name: _____ Phone Number: _____

Referral Source: ___ Judge ___ District Attorney ___ Public Defender ___ Private Attorney
___ NCDAC ___ Court Services ___ Treatment Provider ___ MHAT ___ Self
___ Other: _____

Is the Defendant A Current Resident of Guilford County? Yes No Unknown

Address: _____

Phone Number(s): _____

Other Contact Information: _____

COURT INFORMATION

Pending Charge(s): Superior Court District Court Both

ADA Assigned to Pending Charge(s): _____

Have the Pending Charge(s) Been Approved for MHC by the Assigned ADA? Yes No

Consented to by: _____, ADA

Signature of ADA

Is the Defendant Currently on Probation, Parole, or Post-Release? Yes No Unknown

**** If the Defendant is on Parole or Post-Release, They are Ineligible to Participate in DTC. ****

PPO's Name: _____

ADDITIONAL INFORMATION

Treatment Provider (if known): _____

Drug Treatment Court Referrals Should be Submitted to the Respective Case Coordinator via
Email, Fax, or In-Person:

<p><u>High Point</u> Kia Hines High Point Courthouse, Room 344 khines@guilfordcountync.gov (O) 336-641-3026 (F) 336-885-0845</p>	<p><u>Greensboro</u> Matthew Lovell Greensboro Courthouse, Suite 250 mlovell@guilfordcountync.gov (O) 336-641-3038 (F) 336-641-3037</p>
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